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ABSTRACT

This report records the planning process of curriculum development for the projected undergraduate program of gerontology at the Institute of Gerontology, Federal City College. The goal of the project was to develop curriculum studies in aging for Federal City College undergraduate students, interested community persons, and workers employed in services to the elderly. The planning of the curriculum and general program of the Institute was required to: (1) relate directly to the needs of older persons in the Washington area; (2) identify and relate training to specific employment possibilities in services to the aging; (3) meet in-service training needs of direct service workers, owners, managers and supervisors of long-term care facilities; (4) present tentative training plans leading to A.A. and B.A. degrees with identified field placements; (5) develop possible short courses; and (6) locate potential faculty for teaching in the program. Three surveys were undertaken to gather information relevant to the planning of the curriculum: one on senior citizens, one for employees working with the aged, and one on agencies serving the aged. Perhaps as important as the surveys, the development of the curriculum has been influenced by the actualities of possible implementation. Appendices include the survey questionnaire, course offering schedule, community activities, and sample of student field reports. (Author/PG)

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CURRICULUM PLANNING FOR UNDERGRADUATE TRAINING IN GERONTOLOGY

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CURRICULUM PLANNING

FOR

UNDERGRADUATE TRAINING IN GERONTOLOGY

1971 - 1972

Prepared By

INSTITUTE OF GERONTOLOGY
Office of Experimental Programs, Federal City College
1343 H Street - N.W., Washington, D.C. 20005

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TABLE OF CONTENTS

CHAPTER		PAGE
I.	Introduction	1
II.	Survey of Three Groups of Senior Citizens	4
III.	Survey of Employees Working With Older Persons	28
IV.	Survey of Agencies Giving Services to Older Persons	34
	A. Agencies	39
	B. Personal Care Homes	43
	C. Employment Possibilities	47
V.	Functional Job Analysis of Personal Care Home Operator	50
VI.	Survey of Training Programs In Gerontology	98
VII.	Curriculum Plans	103
VIII.	Development of Graduate Program	105
IX.	Conclusion	108

TABLE OF CONTENTS

APPENDIX		PAGE
I.	Survey Questionnaires	111
II.	SU-412: Special Seminar In Social Planning for the Elderly	135
III.	Summary & Sample of Student Field Reports	136
IV.	Functional Job Analysis Scales	140
V.	Visits to Institutions & Conferences	149
VI.	List of Advisory Committee Members	150
VII.	Tentative Curriculum Plan - April 1972	151
VIII.	Curriculum Plan - September 1972, Revised January 1973	154
IX.	Application Form - 1972	163
X.	Course Offering Schedule 1972-73	165
XI.	Report of Area Council Meeting	166
XII.	Community Activities	167

CHAPTER I

INTRODUCTION

The following report records the planning process of curriculum development for the projected undergraduate program of gerontology at the Institute of Gerontology, Federal City College. Under the direction of the Office of Experimental Programs, the Institute was organized in July 1971 and funded by Title V Training Grant from the Administration On Aging, Social and Rehabilitation Service, Department of Health, Education and Welfare.

The goal of the project was to develop curriculum in studies in aging for Federal City College undergraduate students, interested community persons and workers employed in services to the elderly. The planning of the curriculum and general program of the Institute was required (1) to relate directly to the needs of older persons in the Washington area, (2) to identify and relate training to specific employment possibilities in services to the aging, (3) to meet in-service training needs of direct service workers, owners, managers and supervisors of long-term care facilities, (4) to present tentative training plans leading to A.A. and B.A. degrees with identified field placements, (5) to develop possible short courses and (6) to locate potential faculty for teaching in the program.

This method of planning curriculum in gerontology specifically relevant to employment opportunities as determined by job analysis and the needs of the elderly themselves has represented an innovative approach to training and education -- an approach particularly necessary and important in meeting demands of public city college students for job-oriented, higher education relevant to social problem solving.

To fulfill the goal of a curriculum in gerontology related to employment and services, it was necessary to gather special information. First of all, what do older persons themselves see as important areas of needs for better services? Secondly, what do persons already working with the elderly think about their jobs and what further training might help their present performance and future career possibilities? Thirdly, how do agencies as employers (1) identify present and future needs for additional workers, (2) classify types of services provided to and needed by elderly clients and (3) support in-service training for employees?

Dr. Harold Sheppard and Dr. Sidney Fine of the W.E. Upjohn Institute for Employment Research were consulted for advice and assistance in many aspects of the total planning process and particularly in the gathering and analyzing of information concerning the questions listed above. Dr. Fine and Dr. Sheppard have special interest and experience in employment and gerontology; both contributed in many ways to instruct and guide the staff of the Institute of Gerontology in accomplishment of the goals of the curriculum development plan.

Three surveys were undertaken to gather information relevant to the planning. Survey implementation was carried out by students enrolled in a special seminar and practicum[1] sponsored by the Institute under the Department of Urban Studies. Dr. Theodore Wang, faculty member of the Business Division of Federal City College taught the course and the practicum. Students were taught elements of research, interviewing techniques, data processing and analysis. They pretested and revised questionnaires, conducted interviews and assisted in processing, collating and interpreting data. Selected student reports of the total experience

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[1] See Appendix II, SU-412: Special Seminar in Social Planning for the Elderly.

are included in the appendix.[2]

In addition to the three original surveys, further surveys of agencies and organizations were made, one which identified future employment possibilities for trainees in the Washington area, one by telephone to all nearby colleges and universities to locate other possible academic offerings in studies in aging.

The staff of the Institute also surveyed the curricula and training operations of other gerontology programs and talked to students, faculty and directors to gather ideas and suggestions which might be applied to the development of Institute programs and course offerings.

A functional job analysis was completed of the job of a personal care home operator in a further effort to pinpoint content of undergraduate gerontology curriculum related to actual tasks performed in working with the aged.

Perhaps as importantly as the surveys and analyses, the development of curriculum has been influenced by the actualities of possible implementation. The acceptance of the experimental curriculum by the academic departments of the College, the location of potential faculty to teach the gerontology courses, the development of a special library - information center, the recruiting of students and most importantly the availability of funding --- all have been factors influencing the planning process.

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[2]See Appendix III, Summary & Sample of Student Field Reports.

CHAPTER II

SURVEY OF THREE GROUPS OF SENIOR CITIZENS

Plan

The purpose of the survey was to discover what old persons living in different settings saw as their needs for services, and their attitudes towards current practices in service delivery.

An original questionnaire was prepared by the staff of the Institute in consultation with Dr. Harold Sheppard of the W.E. Upjohn Institute for Employment Research. It was modeled after the Project Find questionnaire[1] from the National Council On Aging. The final version used was considerably modified and shortened and was not aimed at "case-finding" as was the former. The questionnaire was designed to be filled out during a personal interview of approximately 45 minutes.

Student interviewers were briefed and trained through pre-testing exercises to administer the questionnaire. With some exception, the interviewers were successful in their tasks. Every interviewer encountered persons eligible by age and by location to be respondents who refused to be interviewed. In general, however, the respondents were cooperative and even eager to talk once the initial contact was successfully completed. The personality, manner and appearance of the student interviewers seemed to have a marked effect on his or her ability to gain consent of the older person to be interviewed. All interviewers except one were Black; five out of twenty were themselves senior citizens enrolled in

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[1] National Council On Aging, Report On Project Find, The Golden Years... A Tarnished Myth. New York, 1970.

the special seminar[2] as continuing education students.

Senior Citizen Survey Population

The population to be surveyed was drawn from three different samples of persons over 60. The same questionnaire was used in all three.

The first group of respondents were selected randomly from among the residents of two privately-owned and operated apartment-hotels open exclusively to older persons who are capable of independent living and who can pay the moderate to high rents. The student interviewers talked to persons willing to be interviewed at every fifth door at these two locations.

The second group consisted of a sampling of persons living in the District of Columbia public housing apartments for the elderly. In general, eligibility for admission to these apartments is restricted to persons 62 or older capable of independent living, with limited incomes[3] and with limited assets. Rent in these apartments is based on 25% of the occupant's income. Interviewers for this group were the five Black elderly students enrolled in the special seminar.

The third group was made up of a sample of community residents over 60. Dr. Sheppard assembled a group of District of Columbia census tracts which statistically showed a high proportion of elderly residents in the general population and which were located in geographic areas of the city that would likely house a high proportion of Black residents. Blocks to be surveyed were then selected at random from this purposive sample of tracts. The interviewers were assigned to

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[2]See Appendix II, Practicum for SU-412 included field interviewing.

[3]Below $4,500 a year for a single person; some younger (under 62) who are disabled, also eligible.

begin interviewing at a randomly selected dwelling in a specific block and to interview thereafter at every seventh door, any resident who was more than 60 years old. All blocks selected were covered; where possible, call-backs were made at doors that were not answered on the first occasion.

Profile of the Three Groups

It was anticipated that some distinct differences would be found among these three groups, described on the preceding page. Therefore, questionnaires from the groups of respondents were processed separately to identify possible differences in the data from the three populations.

TABLE 1. CHARACTERISTICS OF 206 RESPONDENTS IN 3 PLACES OF RESIDENCE (PERCENTAGE)

Characteristics	Pvt. Apt.-Hotel (n=39)	Public Housing (n=95)	Community (n=74)
Sex: Male	16%	28%	36%
Female	84	72	64
Race: Black	13	94	68
White	87	6	32
Age Group: 60-69 Years	10	36	46
70-79 Years	60	42	42
80 & Over	30	22	12
Living Alone:	87	75	34
Living With Others:	13	25	66
Income: Under $1000	5	12	11
Under $2000	8	62	26
Under $4000	46	12	26
Under $6000	31	3	12
Over $6000			11
No Answer	10	11	14
Highest Ed. Level Completed			
4th Grade or Below	5	20	14
Grade School 5th - 8th	10	50	35
High School 9th - 12th	49	24	29
College 1 Yr. - 4 Yrs.	29	4	15
Graduate 1 Yr. - 2 Yrs.	7	2	7

Some interesting contrasts may be noted. The highest proportion of men was in the community sample. The apartment-hotel dwellers were 87% white, contrasting with 94% Black in public housing apartments for the elderly. In the community sample, the proportion of respondents was 68% Black, 32% white,

similar to the figures for the general population of the District of Columbia.[4] It should be noted however, that among all persons 65 and over in the District, 57% are white, 43% Black. Only one-third of the community sample were living alone in contrast to three-fourths of those in public housing for the elderly and nearly nine-tenths of those in private apartment-hotels for the elderly. In the community sample, the elderly population was relatively younger than the other two groups living in special housing, with a wide range of individual differences in income and educational levels, two-thirds Black.

In the apartment-hotels for the elderly where the income and educational level was highest of the three groups, the respondents were on the average considerably older, mostly living alone, and predominantly white females. In the public housing sample, the group was predominantly Black, with low income, low educational levels and three times as many women as men.

Data would seem to indicate that the older the elderly person is, the more likely it becomes that he will be living in special housing regardless of income level.

The Respondent's Perception of Needs

Questions were designed to ascertain the unmet needs of respondents and the degrees of satisfaction or dissatisfaction with various aspects of their lives such as living arrangements, health care, etc. Responses were examined to pinpoint areas of need; curriculum for training in aging should certainly include an understanding of such needs and possible means of intervention to relieve them.

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[4]Latest figures show approximately 72% of the total District of Columbia population as Black.

Living Arrangements

TABLE 2. RESPONDENTS' RATING OF LIVING ARRANGEMENTS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
How would you rate your present living arrangements?	Excellent- Good	92%	85%	72%
	Fair - Poor	8	14	26
	No Answer		1	2

Private apartment-hotels for the elderly were considered excellent or good by most of the occupants responding. Persons living in public housing for the elderly also generally perceived their living arrangements as good or excellent.

The respondents in the community sample were generally less content with their living arrangements. As more of these persons also lived in group situations (rather than single or double occupancy apartments), negative attitudes toward living arrangements found among 26% could have related to economic or family situations in which they were living as well as physical surroundings. Sixty percent of the community sample owned or were buying their homes or lived with relatives rent free -- strong economic reasons for remaining within the present living arrangements regardless of the quality or convenience of such accommodations.

The interviewers were also asked to observe the "general state" of respondents' living quarters and rate the conditions as excellent, good, fair or poor. Ratings of "fair" or "poor" were applied to 24% in the community sample, 15% in public housing for the elderly, 8% in private apartment-hotel residences entered.

These findings may mean that home ownership and living in one's own home is not an ideal goal for urban aged. The trend towards real estate tax reductions

for elderly notwithstanding, such ownership may mean that old people in cities are stuck in inadequate or unsuitable housing in deteriorated areas. On the other hand, if they sell their properties, they may be unable to find other housing at affordable rents.

There is evidence throughout the survey that for urban low-income elderly, there are some distinct advantages acknowledged in living in special public housing rather than in the general community. The presence of special services such as health clinics, shopping, meal service, planned recreation, etc. seem to make housing for the elderly popular and desirable.

It is likely therefore that specialized multiple housing units for the elderly of all income levels will increase in the future. The implications for training purposes would indicate a need for more housing administrators and service workers trained especially to serve elderly persons in specialized housing as well as persons to develop and plan more such facilities.

Approximately ten percent in each of the three groups thought their health would be better if they changed their places of residence.

Health

In the area of health and health services, the rate of satisfaction with services and the respondent's view of his own state of health were generally higher than might be expected (see Table 3). The factors of residence, race and income levels may explain some of the differences found among the three groups.

TABLE 3. PERCEPTIONS OF HEALTH BY RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
In general, would you say that your health was:	Very Good, Good	57%	38%	54%
	Fair	31	38	31
	Poor, Very Poor	11	21	15
	No Answer	1	3	
Do you feel you are getting all the medical & nursing care, medicine that you need?	Yes	95	85	77
	No	3	12	22
	No Answer	2	3	1
Are you seeing a dentist as often as you need to?	Yes	54	37	57
	No	44	54	42
	No Answer	2	9	1

The perception of need for more dental care was high in all groups; but especially so among the poor Black elderly. There were many special notations by interviewers that respondents had few if any teeth and/or used full dentures. The percentage of need for more dental care was so high, in fact, that the question may have been interpreted as including past unmet needs for dentistry as well as presently perceived needs.[5] Although the residents of public housing for the elderly have a higher rate of self-perceived ill health, they have startlingly higher frequency of visits to doctors and clinics. In the public housing group, 70% saw a doctor once a month or more compared to 44% and 38% in the other groups. These findings suggest that low-income, old persons in public housing (in this instance predominantly Black) need and use medical treatment more than those white or Black elderly of higher income levels. Reasons for this might be due actually to poor health and/or better availability of clinic and health services

[5]The D.C. Medicaid plan provides only emergency treatment for dental problems. Special requests for prosthetics such as dentures and bridges are subject to long delays.

to residents of public housing units than to those older persons living in the general community regardless of income.

Elderly persons of low income who are entitled to Medicaid cards or free health services may actually seek and receive more health care than those middle income elderly eligible for only Medicare. From comments written on the questionnaires, other important variables in frequency of seeking health care are transportation, ease of consultation by telephone and availability of appointments.

A significant difference among the three groups was noted in the frequency of use of health service facilities and visits to doctors, again suggesting the importance of easy accessibility of health clinics to residents of public housing as well as a higher incidence of health problems among elderly low income Blacks than among elderly whites or Blacks of middle income.

TABLE 4. USE OF HEALTH SERVICES BY RESPONDENTS IN RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
How often do you generally see a doctor? (At clinic, hospital, center, or doctor's office)	Once a Month or More	44%	70%	38%
	Once Every 6 Months	20	20	20
	Once a Year or Less	31	2	21
	Never Go	5	4	11
	No Answer		4	7
*If you see a doctor only once a year or less, why don't you go more often?	Too Expensive		4	12
	Afraid He'll Find Something		2	1
	Transportation Problem		4	8
	Don't Like to Go	3	1	1
	Don't Need to Go	33	8	14
	Other	2	4	5
% of	Total Answering	39	23	41
What health services have you used during the past year?	Health Clinic		30	16
	Hospital	5	33	24
	Visiting Nurse		4	15
	No Services Use Recorded	95	33	45

*Multiple answers possible.

The percentage of those who never go to the doctor was highest among the community group - 11% as compared to 4% and 5% in the other groups. The reasons

given for infrequent visits to doctors showed that transportation and expense were problems for those living in the community. Again the proportions of those who don't go to the doctor because they "don't need to go" support the self-perceptions of health in Table 3. Of middle income whites, 33% of 39% answering why they don't often go to the doctor indicated no need; middle and low-income mixed white and non-white, 14% of 41%; and low-income Blacks, 8% of 23%. It is significant that of the respondents in the community sample 12% of the 41% answering the question didn't go to the doctor because of expense. Urban aged non-whites seem to need and use health services more than whites.[6]

In another question, ill health and disability ranked higher than age requirement as a reason for retirement.

TABLE 5. REASONS FOR RETIREMENT BY RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
Why did you retire?	Required by Age	18%	10%	23%
	Work Too Difficult	8	6	8
	Wanted To	15	7	15
	Became Ill or Disabled	28	49	31
	Other	21	8	15
	% of Total of the Retired Answering This Question	90	70	92

Students of gerontology, especially those preparing for direct services with older persons, should be informed about health problems of the elderly and the resources and needs for services in dental and health care. Studies in physiological and psychological aspects of gerontology could be an excellent preparation for direct service or administrative jobs in health service facilities and could

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[6] H. Ashley Weeks & Benjamin . Darsky, "The Urban Aged, Race & Medical Care." Bureau of Public Health Economice Research Services #14, University of Michigan (Anr Arbor, 1968), pp. 40, 46.

serve as preparation for premed or physician assistant studies.[7]

Nutrition

Most respondents judged that their food needs were adequately met, "most of the time." There is some question however, as to whether this perception of adequacy really means that the actual nutritional needs of the respondents were and are being filled. The Project Find report[8] suggests several reasons why there would tend to be many more inadequacies in food and nutrition among older persons than would be admitted by the respondents, namely, shame at being poor and ignorance or misinformation about what constitutes an adequate diet.

TABLE 6. PROBLEMS IN FOOD SUPPLY OF THREE RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
"Do you have problems or difficulties getting meals or shopping for food?"	Yes	3%	28%	23%
	No	95	68	76
	No Answer	2	4	1
*If yes, what are some of these problems?	Poor Health		15	12
	Can't Get Outside		5	5
	Store Too Far		15	10
	Too Heavy to Carry		11	18
	Bus Service Poor		5	7
	Afraid of Being Robbed		11	11
	Other		10	5
"Would you prefer to have a hot meal brought to you at home?"	Yes	5	19	22
	No	87	55	73
	No Answer	8	26	5
"Do you know about the food stamp program?"	Yes	36	80	69
	No	62	2	31
	No Answer	2	18	
"Do you use food stamps?"	Yes		46	20
	No	81	38	80
	No Answer	19	16	

* Multiple answer possible.

In answer to the question on shopping for food and preparing meals, many

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[7]New programs for training physician's assistants began at Howard University and George Washington University in 1972-73.

[8]"The Golden Years....", p. 67.

respondents did indicate difficulties.

There were contrasts among the three groups in the question about food stamps. In the white middle class group living in private apartment-hotels, 62% did not even know about the program; in public housing, the low-income Black residents were well informed with 46% using food stamps; in the community sample, where one would also presume a wide need, 31% did not even know about the program and only 20% used food stamps. There is probably a need for more community outreach and education about programs for the elderly such as food stamps. From comments recorded by the interviewers, it is probable that a large number of elderly persons with low incomes do not claim food stamps for which they are eligible because of misunderstanding of eligibility, difficulties in obtaining the stamps, negative attitudes about "charity and handouts" and pride in trying to remain independent.

Indications are that workers in aging should be informed in the area of nutritional needs of the elderly as part of a basic knowledge of gerontology. A nutrition component in the curriculum would also prepare students for work roles in the projected expansion of feeding programs for the elderly with its proposed service and socialization elements. The study showed definitely that home delivered meals would be welcomed by 22% of those elderly living in the community, 19% in public housing but only 5% in the private apartment-hotel dwellers. The low interest among this group is explained because each of the apartment houses canvassed has its own dining room and food service for tenants.

Mobility & Transportation

The survey showed that among the three groups transportation problems were a paramount concern. It is noteworthy that 61% of those respondents living in the

general community saw transportation as a problem and that many of those in other groups also experience difficulties --- 31% in apartment-hotels and 48% in public housing.

There is a clear identification by all groups of the multiple problems in transportation with emphasis on inadequate, inconvenient and expensive bus and taxi service. Transportation problems were also mentioned in all groups as a detriment to getting adequate health care and to fulfillment of needs to socialize.

TABLE 7. TRANSPORTATION PROBLEMS AMONG THREE RESIDENTIAL GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
"Do you have problems with the transportation system?"	Yes	31%	48%	61%
	No	64	42	37
	No Answer	5	10	2
*"If yes, what do you think is wrong?"	Bus Fare Too High	18	37	47
	Bus Stop Too Far	5	8	23
	Too Many Transfers	5	10	19
	Buses Crowded	16	13	27
	No Buses During Day		12	12
	Taxis Too Expensive	21	41	50
	Taxis Won't Come	5	11	16
	Traffic Too Heavy	3	5	18
	Long Time Between Buses	28	35	30
	Other	3	5	10

* Multiple answers possible.

The survey results helped to emphasize that lack of mobility strongly affects the lives of older persons in all economic classes. Students of gerontology should know that convenient and economical transportation is one of the greatest areas of need for the elderly and especially for low-income urban residents.[9] The curriculum should include study of environmental barriers and special problems of physical impairment as well as how to change and improve potentials for mobility and transportation of elderly persons. A study of experimental and demonstration projects sponsored by various agencies would give students ideas about

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[9]Frances M. Carp, Ph.D., "The Mobility of Older Slum Dwellers," The Gerontologist, Volume 12, Number 15, (Spring 1972), pp. 57-65.

possible solutions to the need felt by all elderly persons, regardless of income, for better transportation.

Income & Employment

Very few respondents were employed. In the community sample --- a relatively younger group of elderly --- only 10% were employed full-time and another 7%, part-time. In the private apartment-hotels group, 7% worked part-time; in the public housing group, only 3% worked part-time.

The respondents were asked whether he or she would like to work even if work was not necessary for essential income. The highest percentage of positive responses was among the predominantly white, middle income group residing in private apartment-hotels; 41% of this group wanted to work even though they might have adequate incomes compared to 34% in the community group and 15% among the public housing residents. The differences in the attitudes toward work of the three groups could reasonably be explained by the probable work roles open to the low-income, generally less-educated, older Black persons -- low-paid manual labor -- compared to more satisfying and meaningful work options open to middle class whites of the same ages. Certainly these results indicate an unmet need for satisfying work and leisure roles for older persons above and beyond monetary compensation. Programs where expenses are paid for responsible volunteer work might provide some relief of these needs to be useful in a job.

Students in aging should be knowledgeable about various retirement income sources, such as social security benefits, pension plans, public assistance for the elderly, part-time and special employment opportunities and programs. Although no specific questions were asked about continuing education as a means of job retraining or finding satisfying leisure activity, it is obvious that many elderly

are "work ethic" oriented. Curriculum therefore should include some understanding of industrial gerontology and the criticality of work roles which represent an important psychological and economic need for many older persons.

TABLE 8. INCOME & EMPLOYMENT IN THREE RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
"Which of these statements describes your ability to get along on your income?"	I can't make ends meet	3%	14%	16%
	I have just enough to get along but nothing more	28	61	45
	I have enough to get along	33	14	16
	My income is quite adequate	36	5	16
	Other, No Response		6	7
"After costs for housing, food, clothing, transportation, medical expenses, do you have money left for other things?"	Yes	82	18	30
	No	15	75	66
	No Answer	3	7	4
*"Do you spend money on trips?"		18	7	14
movies?		13	3	8
theatres?		5	3	5
gifts?		15	10	10
extras?		36	14	5
"Are you employed now?"	No	90	94	80
	Yes, Full-time (35 Hour Week or More)		1	10
	Yes, Part-Time Or Odd Jobs	8	3	7
	No Answer	2	2	3
"Why did you retire when you did (if you are now retired)?"	Required by Employer at Certain Age	18	10	23
	Because Work Was Too Difficult	8	6	8
	Wanted To	15	7	15
	Became Ill or Disabled	28	49	31
	Other	21	8	15
	No Answer	10	20	8
"If you had enough income, insurance, pension etc. to provide you with all the things you think you need, and you did not have to work, would you still want to work anyway?"	Yes	41	15	34
	No	57	65	58
	No Answer	2	20	8

* Optional --- answered generally by those who replied affirmatively to the prior question. Multiple answers possible.

Among the respondents in public housing for the elderly (98% Black) and in the community sample (68% Black), large numbers viewed their incomes as inadequate or marginally adequate. The general need for more money income was amply demonstrated in the survey especially among the Black respondents. It is noteworthy that the percent of respondents' expressed need for more income was higher than the expressed need for more services except possibly transportation. Certainly, the study of poverty and income maintenance programs for the elderly should be included in a curriculum in aging. An overview of social security systems and social policies of modern governments in the United States and foreign countries would give students an essential perspective on the problems of economically dependent and marginally self-sustaining elderly.

Social Interaction & Leisure Activities

The survey revealed a high level of unmet needs in areas of social interaction and leisure activity among all respondents and most especially among those living in public housing. High income and educational levels are generally thought to be significant factors in the older person's ability to achieve satisfaction and enjoyment from social interaction and leisure pursuits. Survey results bear out this hypothesis. The highest levels of expressed unmet need for more social interaction and organized leisure activities came from the respondents residing in public housing for the elderly with relatively low incomes and relatively less education than persons among the other groups polled.

The rate of visits from, and trips out, to see friends and relatives was approximately the same among all groups, slightly less among the community group. The survey was conducted largely during the Christmas and New Year holidays -- a fact which no doubt measurably increased the rate of visits beyond what normally

would be recorded at other times during the year. Even so, approximately 10% in each respondent group had not had visitors, or had not been out to visit, during the two weeks preceding the interview. This finding points up the pervasive problem of isolation and loneliness among the elderly regardless of income.

TABLE 9. SOCIAL INTERACTION OF RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
Would you like to go out & be with other people more than you do?	Yes	36%	61%	45%
	No	64	35	54
	No Answer		4	1
*If yes, why don't you?	Transportation	21	39	24
	Poor Health	18	25	22
	Need Someone to Go With Me	8	11	12
	Other	5	6	10
When was the last time you visited someone, friend or relative in their home?	During the Last 7 Days	53	55	42
	During the Past Month	13	19	29
	Longer	25	17	22
	No Answer	9	9	7
When was the last time someone, friend or relative came to visit you in your home?	During the Last 7 Days	78	75	61
	During the Last Month	15	11	20
	Longer	7	4	12
	No Answer		10	7
Do you have hobbies or special interests that keep you busy?	Yes	31	42	61
	No	36	34	35
	No Answer	33	24	4
*What social events do you enjoy?	Club Meetings	5	43	26
	Church Outings	13	37	53
	Parties with Friends	41	22	24
	Family Gatherings	31	26	30
	Workshops, Classes Sewing, Etc.	5	28	4
	Volunteer Work	18	17	5
	Other	2	8	11
Do you belong to any clubs, centers, church or community groups of persons like yourself?	Yes	33	57	46
	No	56	31	49
	No Answer	11	12	5

* Multiple Answers Possible

The percentage of persons with hobbies or special interests was considerably higher among respondents in the community sample suggesting that elderly persons living in the community rely more on activities carried on individually than those who live in special housing for the elderly. The rate of active pursuit of special individual interests may also be related to the fact that respondents in the community group were somewhat younger than those in the other groups. Further investigation along these lines is indicated.

Black low-income respondents in public housing showed a higher interest in clubs than both the other groups. Responses to a question asking about membership in groups of "persons like yourself" also showed the same trend; 57% in group 2 (Black, low-income) as compared to 33% in group 1 (white, middle-income).

Frequency of use of recreation centers was highest among the residents of public housing, reflecting the popularity and probably the accessibility of recreational centers located within the public housing apartments for the elderly where focus of recreational programs is on group rather than individual activities. No contacts with recreation workers were recorded by respondents of group 1 (private apartment-hotel), 8% in group 3, but 38% in group 2 (public housing).

Questions were asked about church going and church related activities. When related to race, the results suggest that church activities are of primary importance to the lives of the elderly Black person. Low-income Blacks in public housing had the highest percentage (56%) of those "attending church regularly," the lowest percentage (10%) of those who "never go to church", and the highest percentage (64%) of those who "would like to go to church more often". In the community group (68% Black respondents), 46% desired to "go to church more often"; in the white group from private apartment-hotels, only 28%.

TABLE 10. CHURCH ATTENDANCE IN RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
How often do you go to church?	Once A Month or More	62%	77%	66%
	Once in 6 Months	8	7	7
	Once a Year or Less	5	2	8
	Never Go	21	10	16
	No Answer	4	4	3
Would you like to go to church more often than you do?	Yes	28	64	46
	No	67	19	46
	No Answer	5	17	8
*If yes, why don't you go?	Transportation	21	50	18
	Poor Health	13	20	28
	Need Someone to Go With Me	10	18	5
	Other	5	4	11

* Multiple Answers Possible

The expressed need by other persons and especially Black older persons in public housing for active and satisfying roles in old age has implications for more future employment of specially trained direct service workers, housing administrators and recreation workers. An interesting research project would be a comparison of the on-going physical and mental health of elderly residents in two public housing units, one having an extensive, well-organized and varied leisure and work program and the other with none, in order to measure the value of such a program in terms of well-being of older persons. The traditional work roles of elderly persons in child and home care in the extended Black family are cut off when these persons move to public housing; the work-oriented elderly sampled in this group seem to need and want more activities.

Curriculum components recommended would include training in recreation, crafts, club work, leisure time planning, program and group organization, as well as psychology, philosophy, industrial gerontology and religion.

Delivery of Services to the Elderly

Replies to questions about the respondents' views of availability of services and attitudes of service workers indicated that there is a need for more out-reach or education about current services, better delivery systems and possibly increased services, especially among older persons living in private homes in the urban community.

In all groups there were many respondents who felt they had unmet needs and didn't know where to go or what to do about them. Identification of individual unmet needs and categorization could be researched further.

As might be expected, the rate of contacts with service workers and agencies was highest among low-income persons in public housing for the elderly. Many write-in comments from respondents of one apartment-hotel and two public housing locations expressed positive appreciation of good service and polite response from housing management employees. Some respondents in all groups registered complaints about lack of interest and concern encountered in these contacts. Such complaints were twice as frequent from respondents living in the community sample compared to those in special housing. Service workers in special housing for the elderly or public housing units may feel freer to initiate contacts with elderly residents that they come to know and thus build personal rapport that assists in problem solving. But the elderly living in the general community also seem to have a relatively high rate of service contacts but with a corresponding high rate of negative feelings about these contacts.

TABLE 11. USE OF SERVICES OF THREE RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
*What contacts have you had recently with people whose job it is to help you?	Recreation Center	5%	38%	8%
	Health Clinic		30	16
	Hospital		33	24
	Public Assistance		12	15
	Visiting Nurses Association		4	7
	Social Security		15	19
	Social Agency		8	3
	City Employment Service			4
	Fire Department		1	4
	Police		1	5
	Rescue Squad		1	3
	Housing Office		16	4
	Food Stamps		3	3
	Other			4

* Multiple answers possible, % reflects frequency of positive responses.

To those elderly who do need services, there is a real need for knowledgeable workers in areas of direct services in health, housing, recreation, income maintenance, etc. Obviously, satisfactory use of established services by the elderly depends on the manner and attitudes of those workers who provide the services.

The survey results show a need for better attitudes of service workers. Persons trained for work in human services and especially among the aging need to be sensitized to human feelings and behavior, to understand different generational and cultural expectations and mind sets of older persons. They must consider as well losses of mental and physical functioning as such affects ability of the elderly to communicate and respond. Concepts of helping roles and of helping processes need to be taught to all levels of workers in services to the aging. An important tool for all workers in aging is a ready knowledge of service resources so as to lessen the frustration of the older person who is seeking help. In addition, there is need for positive outreach of services of all kinds to the elderly living in the community.

TABLE 12: CONTACTS WITH SERVICE WORKERS OF THREE RESIDENCE GROUPS (PERCENTAGE)

Question	Response	Pvt. Apt.-Hotel	Public Housing	Community
Do you have trouble getting appointments to see people when you need help?	Yes, Sometimes		8%	15%
	No Difficulty	85%	67	64
	No Answer	15	25	21
Do service people take time to explain things clearly to you?	Yes	74	63	55
	Sometimes Not	18	19	31
	No Answer	8	18	14
Do you feel that people whose job it is to help you are concerned about your particular problem?	Yes	79	62	53
	Sometimes Not	15	18	34
	No Answer	6	20	13
Have you been treated with respect, kindness and understanding in contacts with those who are supposed to help you?	Yes	82	71	62
	Sometimes Not	15	10	20
	No Answer	3	19	18
Do you get any help when you telephone for services?	Yes	95	62	58
	Sometimes Not	3	10	18
	No Answer	2	28	24
Does anyone from the service agencies come to see you here at home?	Yes, Sometimes	8	36	5
	No	87	42	78
	No Answer	5	22	17
Do you feel you have a need for something you want but don't know how to get it or where to ask for it?	Yes, Sometimes	10	28	23
	No	87	56	69
	No Answer	3	16	8

Areas of Concern

One section of the survey asked the respondents to rate what they consider important areas of concern among general problems of the aging. A series of topics representing special sections of the White House Conference On Aging was presented alphabetically. Each was asked to rate these topics as "very important," "somewhat important" or "of no importance." The table following (1) shows

TABLE 13. CONCERN OF ELDERLY FOR SECTION TOPICS, WHITE HOUSE CONFERENCE ON AGING, 1971 (PERCENTAGE)

Topics	Pvt. Apt.-Hotels n=39				Public Housing n=95				Community n=74			
	Very Important	Somewhat Important	Not Important	No Answer	Very Important	Somewhat Important	Not Important	No Answer	Very Important	Somewhat Important	Not Important	No Answer
Education	80	10	8	2	41	11	5	43	57	15	8	20
Employment & Retirement	33	56	5	6	31	15	11	43	51	16	4	29
Facilities Program & Services	36	44	13	7	43	13	7	37	47	24	5	24
Health	72	10	13	5	73	3		24	77	2	1	20
Housing	72	15	10	3	67	5	5	23	80	3	1	16
Income	69	15	13	3	78	1		21	82	3	1	14
Nutrition	47	15	5	33	64	5	1	30	64	11	5	20
Planning	44	33	15	8	22	23	12	43	32	28	7	33
Research & Demonstration	46	31	13	10	14	24	17	45	32	24	10	24
Retirement Roles & Activities	33	41	13	13	24	18	11	47	37	27	5	31
Special Concerns Black Aged	44	23	26	7	64	4		32	66	10	1	23
Spiritual Well-Being	44	44	8	4	60	6		34	69	12	1	82
Training	31	46	15	8	28	26	3	43	42	19	12	27
Transportation	70	13	10	7	66	3	2	29	70	12	1	17

clearly the areas of primary concern to all respondents and (2) pinpoints areas where the opinions of Black middle and low-income respondents (public housing and community) are different from those of the white middle-income respondents (private apartment-hotels).

General Conclusions

The survey of older persons was helpful in planning curriculum because of the clear delineation of what respondents saw as important needs and problems. Some of the needs identified related directly to income and race, but most were felt across the board by elderly urban dwellers of middle and low levels such as transportation.

Comprehension of these needs and possible areas of intervention are basic for any student of social gerontology; more income, opportunity for meaningful activity or work, better mobility, relief from loneliness and isolation, decent well-administered housing, outreach and home services delivery, better availability of health care, better communication with service workers are the important needs.

TABLE 14. NEEDS OF ELDERLY BY RESIDENCE GROUPS (PERCENTAGE)

Identified Needs	*Pvt. Apt.-Hotel	*Public Housing	*Community
More Income: Inadequate	3%	14%	16%
Marginal	28	61	45
Total	31	75	61
Better Transportation	31	48	61
More Social Activity	36	61	45
Increased Church Going	28	64	46
Meaningful Work Roles	41	15	34
More Health Care	3	12	22
More Dental Care	44	54	42
Home Delivered Meals	5	19	22
Better Housing	8	14	26
Better Services From Worker Contacts			
Clearer Explanations	18	19	31
More Polite Respect	15	10	20
Information On Resources	10	28	23
Better Telephone Responses	3	10	18

* Each figure represents expressed need by % of total in each group.

Implications for possible career roles for A.A. and B.A. graduates were derived from the survey. Well-run and serviced multiple dwellings such as apartment houses for older persons seem to be increasingly desirable and sought after by the older group of the aging population, regardless of income. Skilled managers and service persons will be needed whose technical skills are enhanced with knowledge and understanding of their special tenants. Specially trained counselors for older clients of all income levels will be in demand to provide regular information and referrals on health, mental health, social and other services.

Direct service workers in home health care, group work, recreation, activity and employment development, program planning and special transportation need to be developed -- some from among the older population themselves.

The curriculum would also need to address itself to the population of the Black elderly in the urban settings as a particular large group whose needs are especially acute. Studies have pointed out the psychological disadvantages and inhibitions caused by white authority figures administering tests or conducting interviews with Black respondents.[10] Similarly, there is evidence (which needs further researching) that Black older persons are ill at ease, misunderstand and are in turn misunderstood when in communication with service workers who are from another cultural or racial background. There is real need for more Black professional and paraprofessional workers in services to the aging in the Washington area.

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[10]Peter Watson, "The Racial Gap," Psychology Today, (September 1972), p. 48.

CHAPTER III

SURVEY OF EMPLOYEES WORKING WITH OLDER PERSONS

Plan

One part of the survey and planning work was initiated to uncover some information about jobs in aging and the employees filling them, and to apply the answers to curriculum development. An original questionnaire in two parts was developed in consultation with Dr. Sidney Fine of the W.E. Upjohn Institute for Employment Research.

Standard job classifications and occupational descriptions have not yet been developed specifically for positions in services to the aging. It was important in planning for training to discover just what jobs in this area actually involve and something about the experience and qualifications of the persons filling them. It has been observed that many persons working directly with the elderly (especially in institutions) are in low-paid, low-level job classifications with supervision provided by persons in special professional categories such as social worker, registered nurse, dietitian, etc.

What, if any, training opportunities aside from job experience exist? What are perceived as needed among workers in direct services at professional and non-professional levels? If there is an interest, what academic or vocational levels would be most applicable and desirable?

To discover what employees in aging think about their present jobs is also important in knowing what to include in a curriculum designed to train persons for work in the same field or to up-grade the knowledge and skills of the present job incumbents. To analyze elements of job satisfaction, the instrument included,

as part II, a series of questions previously developed by Dr. Fine.[1]

The questionnaire was designed to be self-administered by respondents preferably in the presence of an interviewer ready to answer any questions. As in the other surveys, Federal City College students (as part of a research seminar and practicum) distributed and collected the questionnaires from employees generally according to the following procedures.

Two large institutions (St. Elizabeth's Hospital for the mentally ill and the D.C. Village, a residential facility with boarding, nursing home and hospital care for dependent elderly) were especially selected in an effort to reach employees in a variety of jobs including low grade positions involving direct services to the aging.

In the course of visits to agencies serving the aged to collect the agency survey data, the student interviewers made arrangements to have persons working at these same sites fill out the employee questionnaires. Both professional and non-professional workers were invited to participate although no attempt was made to include medical doctors.

In several instances, there was resistance on the part of the employer or employees towards answering the questionnaire. Many employees did not want the supervisor to have access to the information in part II, the "job satisfaction" part of the questionnaire. Some employers did not or could not gather a group of employees at any one time so that the interviewer could administer the test instrument. Most returned questionnaires were completed by respondents independently.

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[1] Sidney A. Fine & Robert A. Dickman, "Satisfaction & Productivity". Paper presented at the American Psychological Association Meeting, St. Louis, Missouri, 1962. (Mimeographed).

Survey Population

Respondents with at least a baccalaureate or master's degree and/or specialized training such as registered nurse or registered occupational therapist were considered in the tabulation as professional employees; all others were grouped as non-professionals.

TABLE 1. PROFESSIONAL & NON-PROFESSIONAL RESPONDENTS BY TYPE OF WORK (PERCENTAGE)

(n=70)

Professional		Non-Professional	
Type of Work		Type of Work	
Social Services	14%	Social Services	28%
Nutrition	2	Food Services	1
Rehab. & Counsel	4	Claims, Eligibility	11
Health Services	2	Health Services	9
Therapy, Oc. & Phy.	4	Recreation	6
Admin., Sup. & Management	7	Secy., Clerical	7
	33	Maintenance, Custodian	1
			63
No Answer 4%			

Note that twice as many respondents filled non-professional jobs as professional jobs; the majority in both categories worked in social services.

TABLE 2. AGE, EDUCATION & SALARY LEVEL OF RESPONDENTS (PERCENTAGE)

(n=70)

Age		Education		Salary	
18-25	24%	Less Than H.S.	7%	Under $4,000	7%
26-35	23	1-3 Years H.S.	7	$ 4,000 - $ 5,999	27
36-45	20	4 Yrs. H.S. - G.E.D.	36	$ 6,000 - $ 7,999	19
46-55	21	1-3 Years College	19	$ 8,000 - $ 9,999	12
56-65	3	4 Years College	13	$10,000 - $11,999	14
Over 65	6	1-3 Years Graduate	18	Over $12,000	12
No Answer	3			No Answer	9

In addition, 77% of respondents indicated that they had had special training of some kind related to their areas of work (social work, nursing, lab techniques, recreation, etc.). The majority of respondents (68%) worked office hours or day shifts.

TABLE 3. RESPONDENTS' JOB TIME IN DIRECT CONTACT WITH OLDER PERSONS (PERCENTAGE)

Job Time With Older Person	Professional (n=70)	Non-Professional	Total
Over 75%	38%	52%	47%
About 50-75%	8	15	13
About 25-50%	16	11	13
Less Than 25%	26	11	16
No Answer	12	11	11

Note that the rate of those who spent more than 50% of their working time in direct contact with older persons is higher among non-professional than professional workers. This finding, coupled with the fact that 75% of the non-professional group had not completed college, indicates that undergraduate training in aging would reach those workers with direct contact with older persons at a relatively higher rate compared to professionals who would be expected to be interested in graduate training.

Attitudes of Workers in Aging

Part of the questionnaire was directed towards the respondents' attitudes toward older people. Few (7% of the total) actually lived with persons over 65, but the rate of contact with older persons was relatively high.

TABLE 4. WORKER CONTACTS WITH FRIENDS OR FAMILY MEMBERS OVER 65 (PERCENTAGE)

Frequency of Contacts	
Regular Daily	34%
Regular Weekly	17
Occasional	33
Almost Never	11
No Answer	5

Survey data helped to identify what the respondents thought about their jobs and about working with older people. Most respondents seemed to like very much working with older people; few expressed active dislike of them. The data suggests that those working in indirect services to the aging generally do have a liking for such work; 62% indicated that they liked working with older persons very much and another 31% that "age does not matter to me." Only one respondent indicated that

he didn't really like to work with older persons and another 5% were indifferent. Very few admitted serious difficulties encountered in working with aged; 43% recorded that they never have difficulties. However, 55% admitted to some difficulties in work with older persons; a need for training could be implied here.

The respondents were asked to write-in an opinion as to what special personal abilities and traits he or she thought were needed "to work successfully with older persons."

TABLE 5. IMPORTANT PERSONAL TRAITS NEEDED FOR WORK WITH THE AGING (PERCENTAGE)

Traits	*Frequency of Mention
Understanding (Tolerance & Sensitivity)	50%
Instinctive Feelings of Concern, Compassion & Love	37
Patience	33
Personality (Humor, Extrovert, Energetic, Honest)	27
Ability to Communicate	19
Intelligent & Able	15
Sense of Personal Security	14
Experience, Training & Knowledge	13
Interest & Desire to Work for Older Persons	11
Endurance & Energy	3

*Multiple answers possible.

Training Needs

The respondent's predominant attitudes (70%) were that some training would help in performance of the current job.

Some (14%) were not interested at all in more training; others (14%) replied that they didn't know if they were interested or were only "a little" interested.

Respondents were asked to check or write-in what specific subject areas for training they thought would be most needed for persons performing jobs similar to their own in services to the aging.

TABLE 6. GENERAL TRAINING NEEDS, WORKERS RESPONSE (PERCENTAGE)

(n=70)

Subject	*Frequency of Mention
Gerontology	27%
Counseling, Mental Health, Psychology	24
Medicare, Nursing, Physiology, Health, Rehabilitation	24
Sociology, Social Services, Social Work, Resources	23
General Training	10
Recreation	10
Basic Education	7
Conference & Short Courses in Gerontology	6
Grooming, Communication, Economics, Pre-Retirement, Law	1.4 each subject

*Multiple answers possible.

Respondent's Training Interests

Relative to more education and training for themselves, almost half of the respondents replied that they were very much interested in gerontology as a field of study.

Primary interest of respondents in subject areas for their own possible training was in the field of social services and mental health. This finding seems to relate directly to the high proportion of respondents holding social service jobs, both professional and non-professional.

TABLE 7. PERSONAL PREFERENCE FOR TRAINING, WORKER RESPONSE (PERCENTAGE)

(n=70)

Subject	*Frequency of Mention Very Much Interested	Somewhat Interested
Social Services to the Aging	51%	11%
Mental Health of Older Persons	50	13
Recreation & Leisure for Older Persons	37	21
Physical Impairment & Rehabilitation	34	18
Legal Aspects of Aging	33	19
Foster Care Home Management	27	15
Politics & Legislation in Aging	21	19
General Continuing Education	23	15
Institution Management	23	14
Nursing Home Management	23	15

*Multiple answers possible.

Of the various reasons given for wanting more training, at least 25% wanted additional training "to help get a college degree." Of the total of those who indicated a positive interest in more training, 32% requested college level; 23%

graduate level; 14%, specific skill training. Of all replies, only two indicated interest in non-credit courses when given a choice of credit or non-credit.

It was plainly indicated in the data that very few among the respondents would take any training (1) unless all or part of the expenses were subsidized, (2) training took place during working hours and (3) on approved leave time.

A definite preference was shown for 1-3 hours classes, held once a week, during working hours (evening 2nd choice), during a ten-week to five month period (college semester or quarter). Here again, first choice for the majority of respondents was for ten weeks' credit courses; second choice, special short courses for credit.

Job Satisfaction

Part II of the Employee Survey measured factors important to each respondent in relation to his satisfaction with his job. The objective was to relate the importance of training opportunities and use of speciality training as "satisfiers" among workers in services to the aging.

Former studies[2] have suggested that the "satisfiers" will in the main be perceived by workers as having to do with those feelings about the job and working conditions which satisfy personal need for growth and self-realization within the framework of a career orientation and which the worker judges are those that contribute most to his productivity. "Dissatisfiers" are elements in the main that will be perceived as those working conditions relating to social and material needs, comforts, conveniences and security and tend to be chosen as important when considering a job change.

[2] Ibid., Fine & Dickman.

TABLE 8. JOB SATISFACTION AMONG WORKERS WITH THE AGING (PERCENTAGE)

Order Number	Items on Source of Satisfaction Questionnaire	Primary Import to Job Satis.	Secondary Import to Job Satis.	No Importance to Job Satis.	Most Influence on Job Effectiveness	Strongest Influence on Job Change
22	The responsibility of my job.	69	4	0	29	9
1	Opportunity to apply my education and experience.	64	9	0	34	12
31	Providing an important human service.	64	7	0	27	10
28	Opportunity for advancement to more responsible work.	61	9	1	20	21
36	A well run organization.	60	11	0	21	4
19	The importance of my job.	60	11	1	23	3
10	Training opportunities in connection with my job.	60	11	0	26	3
38	Respect for me as a person.	59	10	1	29	12
7	Opportunity to use my highest skills.	57	14	0	24	13
20	Helpfulness and teamwork of my fellow.	56	16	0	23	3
3	The instructions or training I get to do my job.	54	14	1	26	4
33	Supervisory help when needed.	51	20	0	18	6
17	Knowing what is going on in the organization	50	20	1	23	3
13	Emphasis on high standards of workmanship.	49	19	1	13	6
5	Technical ability and skill of my supervisors.	47	21	1	14	0
6	Amount of wage or salary.	46	27	1	20	20
21	Tools, machines, equipment suited to the job.	46	17	7	15	4
27	Materials and supplies suited to the job.	44	17	7	17	3
30	Opportunity to move to other jobs in the organization.	44	19	7	10	11
9	Attention to safety	40	20	7	11	1

TABLE 8. CONTINUED

Order Number	Items on Source of Satisfaction Questionnaire	Primary Import. to Job Satis.	Secondary Import. to Job Satis.	No Importance to Job Satis.	Most Influence on Job Effectiveness	Strongest Influence on Job Change
34	Reputation of organization in community.	40	24	4	11	1
12	Working conditions (lighting, heating, space, ventilation, noise).	39	24	7	13	10
35	Financial support by the organization to get outside training.	37	29	3	9	6
2	Technical ability and skill of my co-workers.	37	27	6	17	1
4	Fringe benefits (hospitalization, pensions, insurance, sick leave, etc.).	37	34	1	16	6
18	Location of the organization.	37	20	11	9	7
24	Level of wages for my job as compared to other organizations.	36	24	10	9	10
25	Feeling that I'm paid on the basis of individual merit.	36	24	9	6	3
15	The shift (hours of work).	31	27	10	6	9
16	Recognition for outstanding work or suggestions.	31	30	9	4	1
32	The people I get to know on the job.	29	32	11	9	4
37	Working for a profit or non-profit (cross out one) organization.	24	13	17	7	3
29	Personal advice on medical, legal or tax problems.	21	26	23	3	3
11	Awards for years of service.	21	23	26	3	1
8	Recreational and social activities (bowling, golf, dances, Christmas party).	20	17	33	6	3
26	The seniority system.	19	31	20	3	3
14	Being represented by a union in collective bargaining.	17	26	26	1	1
23	The size of my organization.	16	33	20	6	1

It is thought that non-professional clerical or blue collar workers are more likely to select "dissatisfiers." Workers in defined career status with unlimited ceilings in professional and supervisory jobs tend to select the "satisfiers" more than those workers in job classifications that are more limited from a career standpoint. However, the non-professional respondents in services to the aging showed a proportionately high preference for self-actualizing items such as "educational training opportunities", "the responsibility of my job", "opportunity to apply my education and experience," etc. compared to the professionals. "Training opportunities in connection with the job" was also a high ranking item in job satisfaction among respondents in professional and non-professional jobs in services to the aging. Here again is an indication of an interest in training.

Implication for Curriculum

From the two parts of the survey of employees, there evolved specific recommendations for the proposed curriculum. College level credit courses in gerontology with an interdisciplinary orientation would attract those already working with the aging especially when such courses could be given during working hours with sanction and support of the employer. Classes after working hours without indicated support are perhaps not likely to be well attended.

Important also for curriculum planners as suggested in the survey are considerations of personality and attitude development, such as how to be patient and understanding and how to handle difficulties encountered in contacts with the elderly.

The respondents as a whole expressed their needs for more knowledge in many disciplines as related to the problems of the elderly. Special skill training which might be learned on the job over a period of time apparently has not satisfied the

desires of many for advancement to academic and professional levels of knowledge and employment. The survey results were reinforced by group interviews[3] of workers in aging during which non-professional workers in a variety of positions showed "professional" interest and attitudes towards their work and an eagerness to acquire more knowledge tools so as to perform their jobs more satisfactorily and to qualify for jobs of higher level. In addition, it has become evident that for many of the persons interested in training for college level credits, some provision should be included in the curriculum whereby prior or current work experience could be credited as part of the practicum requirements.

The emphasis in the curriculum on social services and counseling training was recommended as a result of the inclusion of counseling and referral as a component of many of the job duties described by the respondents in the group interviews.

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[3] Interviews were held at (1) D.C. Village, the local public home for aged, with two groups of direct service workers, professional and non-professional, (2) a local personal care home with six operators who care for up to four elderly persons in their own homes, (3) a public housing apartment building for elderly, Garfield Terrace, with recreation, housing management, and health clinic workers, (4) Model Cities Senior Center, a multi purpose service center, with social work, transportation, and outreach aides.

Further description in Chapter V, p. 50.

CHAPTER IV

SURVEY OF AGENCIES SERVING THE AGED

A. AGENCIES

Plan

In order to plan curriculum that would relate to employment, it was necessary to survey service agencies to inquire about the extent to which their operations related to older persons, the types of services offered, staff patterns present and projected, as well as possible training planned or needed for current employees.

An original questionnaire was developed and sent to 228 agencies and institutions compiled from lists of public and voluntary agencies in the metropolitan area that might be concerned with services to the aged. Private and general hospitals were largely excluded as were churches and universities. A more exhaustive survey would surely include many more possible respondents.

Personal care homes in the District of Columbia were included. In pre-testing it was found necessary to include a separate page of questions for personal care home operators as the regular questionnaire planned for agencies proved to be irrelevant or unanswerable for this group. The data on personal care homes has been treated separately from that of the agencies and is included in Part B of this chapter.

The data collection was completed in the following steps: (1) A letter was mailed to prospective respondents explaining the project. (2) A week later, the questionnaires were mailed with an accompanying letter. (3) Each interviewer[1]

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[1]Students enrolled in SU 412: Special Research Seminar in Social Planning for the Elderly.

was given a list of agencies and asked to contact each by telephone to offer assistance in completion of the questionnaire if so desired by the prospective respondents; many queries were resolved in this manner. (4) Some completed questionnaires were mailed back. (5) The majority were collected by the interviewer after a personal visit to the responding agency or personal care home.

Some agencies and personal care homes did not choose to return the forms or could not complete them because of irrelevancy, or unavailability of special statistics of the nature of the client population. A few stated that they "could not be bothered"; some personal care operators were hostile and viewed the survey as threatening. Some of the questionnaires were sent to a series of branch offices of the same agency and only one representing the entire operation was returned. A total of 52 replies were received from personal care homes, 38 from agencies.

TABLE 1. CATEGORIES OF SERVICE OF RESPONDING AGENCIES (PERCENTAGE)

(n=90)

Agency Classification	Number of Respondents
Personal Care Homes	57.6%
Nursing Homes	3.3
Health Services Facility - Out Patient	8
Social Services - Private Agency	8
Social Services - Public Agency	5.5
Community Services - Settlement	2.2
Rehabilitation	2.2
Recreation	1.1
Private Housing	1.1
Homes for Aging	4.4
D.C. Village	1.1
Home Services - Visiting Nurses & Homemakers	3.3
Social Security	2.2

Survey Results

The question on how the agency defines eligibility for services to aging was unanswered in most responses. Many written-in comments indicated that ages 55 to 65 served as the lower limits of definition of "aging persons." Some

agencies do not separate out services to older persons from their general client group and/or group the aged with the mentally and/or physically handicapped of all ages.

Questions on the amount of budget allocated to services to the aging and the amount of staff time devoted to different types of services were largely unanswered. Most large diversified agencies indicated that they were not able to give a breakdown on such information.

The question on "What percentage of requests for services to older persons is now being met by your agency?" was answered by agency respondents as follows: 60% were "meeting all requests for services;" 16% were meeting at least 75% of requests; 8% were meeting at least 50% of requests; 16% did not answer.

Questions on numbers, race and ages of elderly citizens served were not answered in sufficient number to process the data. (Inadvertently, the questionnaire contained a typographical error on this question which interfered with recording of complete and accurate answers).

Poor responses were received to questions on turnover rates and projected needs for new employees.

Sources of recruitment of new employees were indicated to be largely from within the agency and to a lesser extent from colleges and other educational institutions. Perhaps this is an indication that in-service training could lead to new positions for persons currently employed.

Twenty-one of 38 agencies said that they give some training or orientation to new employees. Sixteen agencies expressed a positive need for more training of current employees. In those agencies interested in training, workers in all capacities -- professional, non-professional, technical and volunteer -- were expected to benefit

from additional training in gerontology.

Some form of agency incentive for staff training was indicated by most of the respondents. The most common kinds of support for training in order of the frequency of positive responses were: (1) on-the-job training, (2) paid leave, (3) unpaid leave, (4) tuition subsidies, (5) salary increase after training, (6) donation of space for classes and (7) purchase of training for employees.

For training of agency professional employees, the preferred conditions were over-whelmingly for training in the day time during working hours, with class periods of 2 to 3 hours, and regular academic credit given. For non-professionals, the preference was also for daytime training, class periods of 1 to 2 hours once a week, for varying periods from 1 to 3 months and for credit or non-credit.

Respondents were asked to indicate what subjects would be interesting and applicable for agency staff training. The subjects for possible courses are listed in order of the number of times selected. Multiple selections were possible.

TABLE 2. TRAINING NEEDED FOR WORKERS, AGENCY RESPONSES (PERCENTAGE) (OTHER THAN PERSONAL CARE HOMES)*

(n=38) Subject	**Positive Interest
Special Diseases & Effects on the Aging	97%
Psychology of Aging	87
Community Resources	80
Functional Impairment in Aging	80
Home Care of Aging Persons	70
Economics of Aging	68
New Careers for Older Persons	63
Older Persons & Family Dynamics	60
Extended Care Home Operation	55
Review of Research in Gerontology	48
Retirement & Old Age Preparation	45
Foster Home Operation	40
Institution Management	38
Politics & Aging	31

*Excludes Personal Care Home Operators
**Multiple answers possible.

Conclusions

Although much data sought was not forthcoming in areas of client population, job vacancies, personnel projection and planned expansion, the survey did provide specific information that has been incorporated into curriculum plans of the Institute such as preferred class scheduling, importance of credit courses as opposed to workshops, the individual possibilities of assistance to the Institute from agencies such as student field placements, guest lectures, space available, etc.

There was an added value to the survey in that it alerted many administrators to the existence of the Institute and the possibilities of training in gerontology. Many respondents were interested and enthusiastic about the possible role of Federal City College in training of service workers and professionals in aging. As mentioned above, many indicated some measure of agency support of in-service training courses.

The most important observations from the survey (and mostly derived from write-in comments) were that (1) programs and services to the elderly are only just beginning to be treated as a separate category; (2) agency planning is largely short-term and almost entirely dependent upon year-to-year availability of funds. Current or projected needs of the aging population seem to be a secondary consideration in agency planning.

B. PERSONAL CARE HOMES

As stated in Part A, it was found in pre-testing that the agency questionnaire was unsuitable for collection of data from the personal care home operators. A supplemental page of questions was assembled and attached to the back of the original questionnaire. Questionnaires were sent to all licensed personal care

homes in the District of Columbia. Most operators who replied answered only the supplemental page. In retrospect, it might have been more suitable and productive of data to have used the employee questionnaire for this group of self-employed worker-proprietors. Fifty-two questionnaires were returned by mail or handed to interviewers who followed up on the mailing.

Special Significance of Personal Care Homes

Personal care home operators represent a special group of self-employed workers in direct services to the aging. In the District of Columbia, these persons are proprietors of private homes offering long-term boarding and home nursing care to a maximum of four physically or mentally impaired persons, usually elderly.

These homes seem to have a special function in helping to keep old persons out of large institutions and in community settings. The opportunity for increasing the numbers of such establishments and the quality of care given to the residents presents a challenge which is especially relevant to the Institute goal -- that of offering training that will be reflected in better services to the aging. The imminence of more local and Federal regulation in licensing and operation of such facilities poses a threat to the existence of such homes. However inadequate the homes may be from some points of view (equipment, space, educational level of operator, etc.), the closing of such homes would impose a great hardship on elderly low income Black residents representing the majority of clients served by these homes. The data collected from 52 responses of personal care home operators is therefore of particular interest to the Institute.

Summary of Data

The personal care homes responding were almost universally operating at full

capacity of four residents. Most residents were described as over 65 and Black; several operators wrote on the questionnaire that they accept Black or white, male or female residents.

New residents were recruited most often directly by referrals from area hospitals, health or social service agencies. Indications from write-in comments were that most personal care homes have waiting lists for possible vacancies, and that most do not have to advertise or otherwise "recruit business."

Most operators indicated that they operate the home themselves with some assistance on a regular basis. Most also have some other informal arrangements for free time such as relatives coming to relieve them. Only two replied that they sometimes leave the residents alone.

Out of those who responded to the question on outside help, three out of four operators said they did not use outside help of any kind in the "personal care" given to residents. The implication here is that the residents in the majority of the homes surveyed receive a continuum of care from the same person. Such a continuum presents an immeasurable advantage to the elderly individual when compared to the kind of care received in institutional settings from a variety of workers on three different shifts.

The operators have diversified work roles; according to their own estimates, the average working day is divided in the following way:

Tasks	Average Daily Hours
Nursing & Health Care	2½
Transportation, Errands, Doctor Visits, etc.	2
Buying, Preparing & Serving Food	3
General Cleaning, Maintenance, Laundry	3½
Administration	2½
Rest While On Duty	1

The operators were asked to indicate their interest in training in gerontology, the science of aging. 50% indicated, "yes, interested;" 30%, "possibly;" 20%, "not interested."

Suggested subjects for training were listed and respondents were asked to rank their degree of interest in each.

TABLE 3. PERSONAL PREFERENCE FOR TRAINING, PERSONAL CARE HOME OPERATORS (PERCENTAGE)

	(n=52) *Positive Interest		*Negative Interest	
Subject	Very Much	Somewhat	Not At All	No Answer
Mental Health & Older Persons	52%	10%	10%	28%
Physical Impairment & Rehabilitation	50	15	8	27
Social Services to the Aging	48	15	5	32
Recreation & Leisure for Older Persons	44	21	5	31
General Continuing Education	41	24	15	20
Nursing Home Management	41	15	28	16
Legal Aspects of Aging	30	21	13	36
Institution Management	23	12	32	33
Foster Care Home Operation	22	15	28	35
Politics & Legislation on Aging	18	25	22	35

* Multiple answers possible.

Rank of subjects probably reflects the kinds of elderly residents that the personal care home operator takes care of, the mentally and physically impaired poor. Note the high interest in "general continuing education and nursing home management", a possible indication of ambition of the operator to qualify for operation of a larger establishment. An interesting observation is the lack of interest in "politics and legislation." One write-in comment suggested a need for more organization and cooperation among personal care home operators as a group.

Implications for Curriculum

From comments of the student interviewers, the personal care home operators generally seemed somewhat on the defensive about answering the questionnaire. Their almost unbelievable answers about the long hours they worked, the little

assistance they received from others and the somewhat luke warm interest in training (about half of the respondents) are factors that support the observation that many do feel threatened. Special courses for personal care home operators who may not be eligible for college matriculation seem to be in demand. The Institute has incorporated into curriculum plans a special course for operators (credit or non-credit) related to new licensing procedures now planned by the District of Columbia government. A special proposal has been written for a program of training for personal care home operators outside the regular academic curriculum of the institute. One current personal care home operator with 2 years of college credit was accepted as a stipend student in the regular curriculum program. This student found that she could not give the time required and was dropped at the end of the first quarter.

C. EMPLOYMENT POSSIBILITIES

The survey questionnaires that were mailed to selected agencies and institutions in the Washington area (whose services involved elderly persons in any identifiable way) included questions about job availability present and future for persons trained in gerontology.

Of the questionnaires which were returned, the responses were largely incomplete in the areas of current and projected job vacancies.

In April 1972, therefore, a short questionnaire was sent out to agencies in the nearby area where experience had shown that there might be job possibilities for future trainees from the Institute of Gerontology. Responses from 14 of the agencies solicited were received.

TABLE 4. JOB POSSIBILITIES FOR GERONTOLOGY TRAINEES (PERCENTAGE)

Job Categories (n=14)	Degree Level	Possible Future Openings *Frequency of Response
Direct Service Worker	A.A.	57%
Counselor Aide	A.A.	71
Operator of Long-Term Care Facility	A.A.	43
Administrator of Programs for the Aging	B.A.	57
Counselor	B.A.	100
Administrator of Long-Term Care Facility	B.A.	64

* Multiple answers possible.

The third category listed (Operator of long-term care facility) would most likely include self-employed persons such as personal care home and boarding home operators. Such persons are ordinarily in business for themselves. Therefore, small numbers of times this category was checked should not be interpreted as lack of demand; on the contrary, there seems to be an urgent need for this type of facility among agency placement workers for elderly persons in the D.C. area.

Prospective salary levels for the job categories listed varied somewhat with those agencies that replied; the following figures include the highest and lowest grade and pay levels.

GRADE & SALARY LEVELS FOR TRAINED WORKERS IN AGING (MARCH 1972)

Job Categories	Degree Level	Salary Range
Direct Service Worker	A.A.	$5,200-$7,150 to $8,152
Counselor Aide	A.A.	$6,543-$8,000 to $8,152
Operator of Long-Term Care Facility	A.A.	$5,200-$7,150
Administrator of Programs for the Aging	B.A.	$7,320-$9,000 to $16,000
Counselor	B.A.	$6,800-$9,054 to $12,000
Administrator of Long-Term Care Facility	B.A.	$7,500-$9,000 to $17,000

Listing specific job expansion plans in service to the aging was difficult for most agencies. Many respondents in the original survey made general comments about anticipating increased numbers of the elderly needing services and a resulting expansion of employees, depending on funds available.

Implications for curriculum development were clearly weighted in the area of counseling for both A.A. and B.A. students. The requirements of a social welfare-rehabilitation major with concentration in gerontology are particularly suited to

employment as a counselor. The opportunity for grade advancement and higher remuneration in program and long-term facility administration indicates that majors in other academic areas such as business, community education and home economics, etc. with a core in gerontology would also find employment.

CHAPTER V

FUNCTIONAL JOB ANALYSIS OF PERSONAL CARE HOME OPERATOR

Introduction

General information about actual work done in various jobs relating specifically to services to aging is relatively sparse. Therefore, the Institute staff, directed and assisted by Dr. Sidney Fine and his associates at the W.E. Upjohn Institute for Employment Research, arranged a series of group interviews with workers in services to the aging, in addition to the survey by questionnaire described in Chapter III.

General Interviews

The purpose of the interviews was to gather specific material on tasks performed on the job and to interpret the material into functional job analyses. Such analyses would provide a direct key to the curriculum content needed to prepare students for similar work.

Each group of interviews was taped; it is expected that the tapes will be used in class work during the year. Persons interviewed included those in the following categories: recreation supervisor, recreation leader, recreation specialist, housing management aide, nurse (RN), nurse (LPN), nurse aide, physical therapist aide, social worker aide, social service assistant, admissions clerk, community worker and personal care home operator.

Conclusions From General Interviews

It was evident from the interviews that non-professional workers and especially the personal care home operators were performing tasks, exercising judgment, making decisions about care and services of older persons which related to high

levels of responsibility and decision making as well as technical skills of various levels of difficulty. In view of the time available and the enormity of the work involved in compiling complete functional job analyses for all jobs connected with services to the aging, it was decided to concentrate on a definitive analysis of the role of the personal care home operator as an example of the development of the curriculum content with a career orientation.

Rationale

There is a definite need in the Washington urban area for more "personal care" homes for older persons who need some measure of care without necessarily being candidates for nursing homes or in-patient care in hospitals or institutions. The declared policy of the Administration On Aging and the goals of old persons themselves point toward increasing home care services and small group homes where old persons can be given some care but still remain part of the residential community in a family type setting.

The purpose of making a task analysis of personal care home operators was to illustrate how such an analysis may be applied to the problem of relating curriculum content to job performance. The planners had concluded that an undergraduate and/or extension course in personal care home operation would be a logical part of the Institute program. It was necessary to examine the scope of duties of such a job before preparing a course outline. By making this analysis, the Institute has used a relatively new method of identifying functional and specific areas of knowledge which the student needs to perform a specific job. Wider use of this method in curriculum development could conceivably help to bridge the gap between education and the opportunities for employment.

Method

The analysis was carried out according to the Functional Job Analysis system devised and presently in use by the W.E. Upjohn Institute for Employment Research.[1] A job is described according to the Functional Job Analysis method in terms of task statements --- precise, explicit descriptions of what the worker does and what gets done. Performance standards are delineated and related to accomplishment of the individual tasks in an adequate and satisfactory fashion. In addition, what training and knowledge necessary to perform the task to these standards are outlined.

How is a task analyzed? Three FJA scales establish the level of complexity of the task with regard to ideas, interpersonal relationships, and things used. Three FJA scales establish skill levels in mathematics, reasoning, and language necessary to perform the task. One FJA scale establishes the leeway the worker has in performing the task and the amount of supervision he requires.

> "A good task statement, controlled by the designation of worker function levels and orientation becomes the essential data from which it is possible to infer:
>
> - Worker instructions
> - Performance standards
> - Training and education requirements
> - Selection criteria."[2]

Training is further analyzed into functional --- what can be taught in a theoretical manner in the classroom and into specific --- what must be learned on the job, in the laboratory, or during simulated practice of the task. Components of training related to required tasks and adequate performance standards may then

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[1] Sidney A. Fine & Wretha W. Wiley, An Introduction to Functional Job Analysis: (Washington, D.C.: W.E. Upjohn Institute for Employment Research, 1971).

[2] Ibid., p. 18.

be assembled and incorporated into education and training, thereby giving students both a broad general knowledge base as well as capable performance level for a particular job with its various tasks.

Task Descriptions

Series of task descriptions for personal care home operators are included in the pages following, grouped according to categories and rated on the FJA scales.[3] The collection of task descriptions could well be augmented by others, but those described represent a wide range of tasks of the average personal care home operator.

It is to be noted that there are wide variations in the required levels of skills related to data, people, things and levels of training related to math, language and reasoning. It is clear from the analysis that in addition to many "low grade" tasks such as household cleaning, the personal care home operator must perform many other tasks that require "high grade" skills, training and intellectual ability. This analysis supports a growing awareness among job analysts that the skills needed in adequate total performance of jobs in human services such as personal care home operator have been rated far below their actual level. Further analyses of jobs in direct services to the aging can be expected to follow the same pattern demonstrating that there are important needs for knowledge and training in this field.

Implications for Curriculum

The task analyses and summaries of training content were used by the Institute staff in outlining the course offered in operation of long-term care home facilities

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[3] Ibid., pp. 71-76. Also see Appendix IV for outline of FJA scales.

for the elderly. The course put strong emphasis on management and communication skills. Separate courses on nursing care of the elderly and functional changes in aging contain other elements of training identified as needed for job performance in the area of personal care home or extended care facility operation. Electives recommended include home economics, nutrition, interviewing and business courses. Practicum work in direct services to the elderly - especially placement with the impaired elderly - would also be an essential element of curriculum related to operation of long-term care facilities.

Training Component of Task Analyses

The "functional" and "specific" components of training have been excerpted directly from the task statements, and preface each category of tasks.

The categories of tasks are presented in decreasing order as indicated by levels on the FJA scales.

A. Management & Administrative Tasks	A1 - A14
B. Training, Demonstrating, Supervising	B1 - B8
C. Record Keeping - Resident Care	C1 - C6
D. Nursing Care Services	D1 - D5
E. Personal Care Services	E1 - E9
F. Leisure Therapy & Recreation	F1 - F5
G. Nutrition & Dietary Planning, Preparing & Serving Food	G1 - G8
H. Cleaning Maintenance - Laundry	H1 - H6

The course outline follows the tasks. Twenty personal care home operators were actually enrolled in the course the first time it was given. They were enthusiastic about the experience and requested a continuation in the Fall Quarter 1973.

TRAINING CONTENT OF FUNCTIONAL JOB ANALYSIS OF PERSONAL CARE HOME OPERATOR

A. MANAGEMENT & ADMINISTRATION TASKS

FUNCTIONAL

How to read and interpret and put into effect regulations and standards relating to maintenance, sanitation, resident care, recording, supervision and training of employees, etc.

How to set up and maintain records, bookkeeping, unit cost and control systems.

How to use adding machine and/or calculator, check and balance accounts, perform mathematical operations involving sums of money and percentages.

How to compare costs, to project budget and estimate expenditures, setting priorities in planning expenditures to relate to well-being of residents.

How to purchase effectively and economically by comparative shopping, read specifications, locate vendors, quality vs quantity, discounts, stockpiling, delivery.

How to prepare tax, social security, accounting forms, etc. -- with knowledge of state and Federal guidelines for income tax and business taxes.

How to write simple narrative reports and financial statements.

How to analyze safety violations, accidents, and correct and prevent hazardous conditions.

Knowledge of simple interviewing, in connection with agency procedures, vendor contracts, hiring employees.

SPECIFIC

Knowledge of local regulations for licensing, operation, safety, accident prevention, payment for services.

Knowledge of work capabilities of individual workers.

Knowledge of resident's needs and illnesses and how to assist residents within capacities of the home

Knowledge of local resources and how to procure equipment, supplies, food, etc. of best quality at lowest cost.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
5B	1A	1A	90	5	5	4	4	3	3	A-1

GOAL:

OBJECTIVE:

TASK:

Reviews, evaluates work to be done (food planning, preparing and serving, purchasing, cleaning, nursing and personal care, recreation activities, appointments, etc.) in relation to availability and capability of staff and residents in order to determine/develop weekly schedule for home operations and activities.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Schedule is complete and realistic Numerical . No more than X number of activities are not included in schedule . Less than X number of complaints that schedule is unrealistic or unworkable	Functional . How to plan/organize work . How to evaluate capability of staff and residents Specific . Knowledge of work to be done in specific home . Knowledge of availability and capabilities of staff and residents

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	1A	1A	90	5	5	5	4	3	4	A-2

GOAL:

OBJECTIVE:

TASK:

Evaluates/assesses operating design, cost of materials, (utilities, food, labor, insurance, etc.) needs of residents in relation to required regulations in order to determine the cost effect upon operation of home and services provided to residents.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Evaluation is accurate and complete . Determination is completed in reasonable time and according to schedule Numerical . No more than X projections/determinations made on basis of evaluation are faulty due to incomplete or inaccurate evaluation . Presents reports required on time . Bills residents/agencies accurately for services	Functional . How to plan a small business operation . How to organize and analyze a service delivery system . How to project costs; and work out a budget . Knowledge of meaning of regulations and laws as related to total operation and reinbursements for care . Knowledge of planning, scheduling - priority setting feasibility Specific . What materials and services are required by local standards/regulations . Knowledge of local resources for support and supply of home . Payment systems for care of residents under local state, Federal regulations and guidelines

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
W.F. - LEVEL			W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	1A	1A	90	5	5	4	4	3	3	A-3

GOAL:

OBJECTIVE:

TASK:

Keeps financial accounts using standard bookkeeping methods in relation to needs of personal care hom for recording expenditures, (food, clothes, equipment, supplies, rent, etc.) receipts and income in order to have accurate records of financial transactions.

PERFORMANCE STANDARDS

Descriptive

. Methods used are legally and technically acceptable

Numerical

. Writes all items on specified computation form and computes in X amount of time
. Completes computation X number of times per year according to requirements e.g. taxes
. No errors in recording
. No more than X accounts must be redone because of error, illegibility or incorrect form
. No more than X number of agency complaints concerning errors in computation

TRAINING CONTENT

Functional

. How to organize and operate a bookkeeping system
. How to do mathematical operations involving sums of money, percentages
. How to check and balance accounts
. How to use adding machine and calculator

Specific

. Knowledge of data and form requirements of each operation/firm/provider
. Knowledge of procedures in finding unit costs
. Knowledge of what methods most applicable to home operation

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
W.F. - LEVEL			W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3A	1A	1A	85	5	10	3	3	3	3	A-4

GOAL:

OBJECTIVE:

TASK:

Analyzes and records charges for services performed and purchases made (equipment, supplies, employees, doctors, food, loan interests, service charges on checks and other transactions) in order to provide record of expenditures by categories.

PERFORMANCE STANDARDS

Descriptive

. Computations are complete, correct and legible
. Methods used are legally and technically acceptable
. Completes task in reasonable time

Numerical

. Writes all items on specified computation form and computes in X amount of time
. Completes computation X number of times per year according to requirements, e.g. taxes
. No more than X number of errors per form
. No more than X number of agency complaints concerning errors in computation

TRAINING CONTENT

Functional

. How to use adding machine and calculator
. How to check and balance accounts
. How to do mathematical operations involving sums of money and percentages
. How to read bank statements, loan agreements, contracts, etc.

Specific

. Knowledge of reasonable standard, local fees of firm/supplier/for each
. Knowledge of specific accounting forms to be used and data required for personal care home operation

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3C	1A	1A	90	5	5	2	2	2	2	A-5

GOAL:

OBJECTIVE:

TASK:

Adds/totals figures recorded in ledger for costs of items by specific categories in order to compute total spent for items under each category.

PERFORMANCE STANDARDS

Descriptive
- Computations are complete, correct and legible
- Methods used are legally and technically acceptable

Numerical
- Writes all items on specified computation form and computes in X amount of time
- Completes computation X number of times per year according to requirements, e.g. taxes
- No more than X number of errors per form
- No more than X forms must be redone over X period of time because of error, illegibility or incorrect form
- No more than X number of complaints concerning errors in computation

TRAINING CONTENT

Functional
- How to use adding machine and calculator
- How to check and balance accounts
- How to do mathematical operations involving sums of money and percentages
- Knowledge of procedures in finding unit costs
- How to categorize cost items in relation to operating costs

Specific
- Separates amounts paid to specific firm/vendor according to items purchased
- Use of data in necessary reports, tax statements, etc.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3A	1A	1A	85	5	10	4	4	3	4	A-6

GOAL:

OBJECTIVE:

TASK:

Writes/composes monthly and annual statements summarizing computed annual income and expenses by categories, appreciation/depreciation of home value, in order to provide financial reports for own use (licenses, income tax, etc.) or for agency requirements.

PERFORMANCE STANDARDS

Descriptive
- Written statements are complete, correct and legible
- Calculations are legally and technically acceptable

Numerical
- Calculation must be done with 100% accuracy
- Include all items on specified forms (no omission)
- No more than X number of complaints from agencies concerning errors or unusable information
- No inaccuracies or additional assessment due to underestimation of tazes due or misjudgement of deductible items

TRAINING CONTENT

Functional
- How to prepare financial statements
- How to prepare and report information needed for income tax, social security, license applications, etc.
- State and Federal guidelines regarding financial reports on taxes, property depreciation allowance, assessments, etc.

Specific
- Knowledge of local regulations for licensing, tax official reporting
- Agency procedure and guidelines regarding financial reports and resident income payments

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
5B	1A	2B	85	5	10	4	4	3	3	A-7

GOAL:

OBJECTIVE:

TASK:

Estimates future expenditures by categories (food, clothing, transportation, utilities, supplies, payroll, mortage, taxes, etc.) and compares with estimated income (resident fees, etc.) in order to establish an operating pattern and budget control plan.

PERFORMANCE STANDARDS

Descriptive
- Transactions are copied completely, correctly and legibly
- Figures are accurate
- Evaluation is complete and consistent with available information
- Budget control plan is adequate and workable

Numerical
- No more than X errors in computing estimates
- Income estimated covers 100% of actual expenses incurred

TRAINING CONTENT

Functional
- How to estimate expenditures and income
- How to analyze records of expenditures and make projections from records
- How to use adding machine/calculator, etc.
- Knowledge of basic mathematics
- Techniques of small business management

Specific
- Knowledge of specific accounting procedures applicable to Personal Care Home Operation
- Techniques in analyzing expenditure records and projecting expenses/income suitable to Personal Care Home Operation

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	1A	1A	90	5	5	4	4	3	3	A-8

GOAL:

OBJECTIVE:

TASK:

Reviews and evaluates information on comparative quality, cost and method of delivery of same/similar product available from several vendors, in relation to personal care home needs, budget and scheduling in order to determine which product to purchase.

PERFORMANCE STANDARDS

Descriptive
- Evaluation is complete, accurate
- Decision is consistent with available information
- Decision made in reasonable time

Numerical
- X amount of available information reviewed and evaluated in reasonable length of time
- Purchase exceeds budget no more than X %
- Decision leads to purchase of items of adequate quality at lowest possible price from vendor whose method of delivery is convenient for home schedule

TRAINING CONTENT

Functional
- How to review, evaluate, compare information on quality-cost per unit, retail/wholesale, availability, delivery
- How to identify specific information from a mass of data
- Knowledge of consumer assistance such as better Business Bureau

Specific
- Knowledge of quality requirements of itmes to be purchased/personal care home
- Knowledge of budget for home and obligated funds
- Knowledge of local resources for obtaining information on quality, cost and methods of delivery
- Knowledge of home schedule and what method/time of delivery will fit in best

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	1A	90	5	5	4	3	3	3	A-9

GOAL:

OBJECTIVE:

TASK: Purchases/rents equipment, supplies, after evaluation of quality, convenience, price, etc. in order to provide all items needed for care of residents and operation of home.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Buys necessary items . Equipment and supplies are readily available when needed Numerical . Pays for all items according to arrangements . No more than X instances of inadequate supplies and equipment resulting in unplanned, inefficient or expensive purchases . No loss of money or service to resident because of failure to acquire items on time	Functional . How to plan for purchase of supplies and equipment for the home . How to determine home needs in advance . How to read and compare supply and equipment descriptions, wholesale/retail prices Specific . Knowledge of specific home inventory (equipment, supplies, linen, etc.) and additions, replacements needed . Knowledge of price and quality information from local vendors . Local resources for free or low-cost assistance available to old persons

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	1A	90	5	5	2	2	2	2	A-10

GOAL:

OBJECTIVE:

TASK:
Classifies/arranges by categories (owned, borrowed, leased) all equipment in home, noting description, value, location of each item in order to organize/prepare record of all equipment.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Information is complete, correct and legible . Information is easily accessible Numerical . Fill in information on all incoming and outgoing items (100% coverage) . No more than X errors per month . Completes task in X amount of time . Information can be found readily	Functional . How to set up/and maintain a record keeping system . How to obtain information on equipment . How to record information and retrieve it, mark folders for file, write descriptions of items, write entries in records . How to analyze equipment - performance and keep record of repairs made, etc. Specific . How to organize and maintain record - keeping system for specific home

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	1A	2B	75	5	20	4	3	2	3	A-11

GOAL:

OBJECTIVE:

TASK:

Inspects/checks building structure, equipment, safety features, and general environment of home (visually and operationallv) in order to insure compliance with local sanitary and safety regulations for protection of residents from infection and accidents.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Hazardous/unsanitary conditions are identified immediately . Premises are ready for inspection at all times **Numerical** . No more than X number of residents complaints about unsafe conditions in the home . Corrections conform to Board of Standards regulations . All hazards/deviations from regulations are corrected	**Functional** . How to maintain building and operate equipment . How to read and interpret sanitary and safety regulations . Knowledge of minimum safety and sanitary standards and national codes **Specific** . Knowledge of particular deviations likely to occur in home . How to evaluate safety features of particular location in relation to specified regulations and local laws

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	2	1A	70	20	10	4	4	2	4	A-12

GOAL:

OBJECTIVE:

TASK:

Investigates accidents in the home, asking questions/listening to/recording/noting answers of those involved or witnessing accidents, in order to identify and report cause of accident and to institute measures to prevent recurrence.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Causes of accident identified correctly . On-going compliance with standards (legally and technically) . Measures for correction of possible violations are feasible **Numerical** . Obtain information from all concerned persons and all witnesses . Obtain all other pertinent information . X % of corrective measures result in compliance with safety standards and no similar accidents	**Functional** . How to identify hazardous conditions in total environment . Knowledge of safety regulations, building codes, insurance requirements . Knowledge of principles of safety and accident prevention **Specific** . Knowledge of particular problems of residents in home and possible unsafe situations . How to arrange furnishings for maximum protection of residents . How to report and to whom to report in case of accidents involving employees, residents . What measures need to be taken to prevent occurance, reoccurance of unsafe situations in home

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	2	1A	60	35	5	3	2	2	3	A-13

GOAL:

OBJECTIVE:

TASK:

Interviews prospective workers, reads records of experience, checks references in order to make decisions about employing additional help for care of residents, cleaning, food preparation, etc.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Completes task in reasonable time . Interviews, consultations and onservations are objectively and courteously carried out Numerical . No more than X instances of obtaining inadequate or inaccurate information . Employees hired are adequate to do job	Functional . How and what information to consider in hiring of an employee . How to read employee records: performance standards . How to identify information applicable to specific needs and problems of the situation . How to communicate; talk to/elicit information from employee Specific . Knowledge of particular work to be done and how to match suitable persons to job . Knowledge of performance standards necessary . Knowledge of home schedule and financial resources to pay employee

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	1A	1A	4			4	4	3	3	A-14

GOAL:

OBJECTIVE:

TASK:

Reviews/evaluates employee performance considering own observations, comments of residents and other staff in order to determine employee's competence, his level of reliability and his progress in on-the-job-training.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Reviews consultation and observation, are objectively and courteously done Numerical . No more than X instances of obtaining inadequate or inaccurate information . Completes task in X amount of time	Functional . How and what information to consider in evaluating an employee . How to read employee records: performance standards . How to identify information applicable to specific needs and problems of the situation such as recommendation . How to communicate/elicit information Specific . Knowledge of particular employee to be reviewed and how best to obtain information about him . Knowledge of employee's past performance standards . Knowledge of home schedule so observation and consultation can be done without interfering with work

B. TRAINING, DEMONSTRATING, SUPERVISING

FUNCTIONAL

Interpersonal communication skills, verbal/non-verbal

Personnel evaluations, report writing, recording.

Read and interpret written regulations to others.

Skills needed in performance of personal care home, management - nursing, housekeeping, use of special equipment, etc.

Knowledge of content in areas of:
- Nutrition, diet, menu planning, food preparation
- Psychology of older persons, family relationships
- Physical and mental problems of older persons, the handicapped
- Special care procedures

Training Techniques, methods, procedures

Supervisory techniques appropriate to personal care homes

Selection of appropriate data applicable to problem solving of day to day situations in care of residents

Knowledge of inspection standards, safety and health regulations, owner liability, custodial responsibility.

SPECIFIC

Practice in demonstrating, training and supervising employees in work skills used in home - housekeeping, nursing, operation of equipment, simple repairs, etc.

How to plan schedule to get work accomplished and to elicit best performance from workers.

Knowledge of corrective action to insure quality care for residents - environment, services maintained up to standard.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	5	2C	50	55	15	4	3	3	4	B-1

GOAL:

OBJECTIVE:

TASK:

Explains to staff procedures, responsibilities and standards by which performance of assigned duties will be evaluated, ask questions/listen to answers, observes performance in order to ensure that employees understand and carry out tasks according to standards as required by regulatory agencies.

PERFORMANCE STANDARDS

Descriptive

- Instructions are simple, clear, accurate and complete
- Tactful and courteous in explaining to worker
- Good communication with each person: suits methods to individual
- Work performed by staff according to standard
- Checks and corrects errors accurately and thoroughly

Numerical

- No errors in information giving, demonstration, explanation
- No more than X workers/residents complaining about supervisor's manner
- No substandard ratings on regulatory inspection due to failure to demonstrate/explain/check performance accurately and thoroughly
- Work is done within scheduled time

TRAINING CONTENT

Functional

- How to communicate
- How to supervise employees
- How to give explanations, directions and demonstrations of work duties and responsibilities to employees -- on-the-job-training
- How to perform all procedures in connection with operation of home and to detect and correct errors and omissions
- How to read and interpret regulations and inspection standards

Specific

- Knowledge of work to be performed and methods required to meet local inspections
- Capability of particular staff members and most effective method of supervision
- Techniques of scheduling work efficiently

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	2	1C	50	45	5	2	3	2	4	B-2

GOAL:

OBJECTIVE:

TASK:

Demonstrates/observes nursing home care performed by employees, answering questions regarding methods/ procedures/ standards, suggests modifications, different techniques in order to ensure conformity to regulations and quality care for residents.

PERFORMANCE STANDARDS

Descriptive

- New approaches are sound, concise, workable and increase benefits to residents
- Observation is unobstrusive and manner is courteous
- Demonstration is clear and concise
- Modifications are successful and in accordance with regulations

Numerical

- X amount of increase of effectiveness of services to resident as a result of modifications
- X amount of time saved as a result of using new techniques
- No more than X % of employee mistakes because of unclear demonstration and instruction
- No more than X complaints about worker's manner
- No substandard ratings by regulatory agencies resulting from improper selection or demonstration of modifications

TRAINING CONTENT

Functional

- How to practice/demonstrate/identify good home nursing techniques
- How to read: medical/technical materials; regulatory standards
- How to observe activities and suggest modifications

Specific

- Knowledge of local regulations for operation of a residential home for specialized personal care
- Knowledge of special demonstration techniques applicable to employees in a particular home

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4B	4B	1A	40%	50%	10%	3	4	1	4	B-3

GOAL:	OBJECTIVE:

TASK:
Instruct/explains/demonstrates self-help and personal care methods to residents and employees in order to increase importance of resident's participation in his own care.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Communication/demonstration done in clear, simple terms and contain accurate information . Conveys respect for resident . Manner is non-judgmental, encouraging/supporting Numerical . Less than X % of residents complain about worker's attitude/manner . Over period of time, observation shows X % of residents using methods taught and taking active self-help roles	Functional . How to care for older persons; techniques, method theories . How to gear communication/demonstrations to resident's needs and capacities . How to be supportive of resident while encouraging self-help . Relation of self-help to mental and physical health and treatment plans Specific . Knowledge of particular personal care, methods, techniques, theories accepted as SOP for home . Knowledge of particular resident problems, to enable worker to suit general instructions to particular case . Relationship of personal care and self-help to resident's treatment or therapeutic plan

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	4B	1A	35%	60%	5%	4	3	1	4	B-4

GOAL:	OBJECTIVE:

TASK: Demonstrates, explains personal hygiene practices, both physical and mental (using selected pamphlets/brochures) to members of the household and employees to ensure that all use good personal hygiene for protection and well-being of themselves and residents.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Explanation is clear and effective, covering both the "how's" and the "why's" of personal hygiene . Manner cordial and empathic . Speaks clearly and is understandable . Materials selected are appropriate Numerical . Over X period of time, less than X % of residents complain they do not understand worker . Over X period of time, less than X % of residents/employees violate minimum standards of good hygienic practices	Functional . Knowledge of personal hygiene . How to communicate clearly and effectively . How to select information on the basis of need and level of comprehension . Problems of hygiene and cleanliness related to elderly and impaired persons Specific . Knowledge of personal hygiene pamphlets/brochures available and methods of obtaining . Knowledge of when personal hygiene should be discussed and the limits of this discussion . Knowledge of specific needs and problems of particular residents

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	4B	1A	40%	50%	10%	3	4	1	4	B-5

GOAL:

OBJECTIVE:

TASK:

Teaches/talks about/explains personal hygiene and health habits with residents, keeping in mind the special problems/resources of resident in order to enable resident to practice good personal hygiene in so far as he is able.

PERFORMANCE STANDARDS

Descriptive
- Explanations are clear, accurate, and useful
- Conveys respect for resident, encourages and supports resident

Numerical
- Less than X % of residents complain about worker's manner
- Over a period of time 90% of residents state they practice habits taught or demonstration of healthy personal hygiene is observable

TRAINING CONTENT

Functional
- Knowledge of good personal hygiene practices
- Ability to give explanations in clear, simple terms
- How to convey respect for resident (verbal and non-verbal)
- How to encourage and support residents with impairments
- Limitations and special problems of elderly persons

Specific
- Proper time and place for discussing personal hygiene
- Knowledge of particular resident's needs, problems and resources

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	4B	1A	40%	50%	10%	3	3	3	4	B-6

GOAL:

OBJECTIVE:

TASK:

Explains/demonstrates/supervises employee in planning and preparing meals, using own knowledge and skill in food preparation and referring to standard sources as necessary, in order to enable employee to cook/prepare nutritious meals for residents.

PERFORMANCE STANDARDS

Descriptive
- Explanation/demonstrations are clear, accurate and within employee's capacity to learn
- Instructions consider resident's likes/dislikes in food without sacrificing nutritional balance
- Conveys respect for employee

Numerical
- Less than X % of residents complain about worker's manner
- Over period of time X % of employee indicate they are using information taught

TRAINING CONTENT

Functional
- How to plan and prepare meals
- How to gear explanations/demonstrations to employee's needs and capacity
- How to convey respect for person (verbal/non-verbal) while giving supervision and direction

Specific
- Knowledge of nutritional requirements of resident
- Knowldege of facilities available
- Knowledge of location and method of obtaining supplies and equipment

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	4B	2A	30%	50%	20%	4	4	1	4	B-7

GOAL:

OBJECTIVE:

TASK:
Demonstrates/supervises performance of general household tasks (wash, iron, clean, etc.) to employees; answers questions, discusses benefits of different methods, in order to ensure proper accomplishment of various household duties resulting in clean healthful environment for residents.

PERFORMANCE STANDARDS

Descriptive
- Explanations accurate and understandable
- Demonstrations and procedures are presented clearly, accurately and in a courteous pleasant manner
- Checks thoroughly and corrects errors accurately

Numerical
- X number of complaints by trainees concerning demonstration
- No substandard ratings by inspectors
- No more than X instances of improper use or maintenance of supplies and equipment by employee over X period of time causing unnecessary expenses
- Worker gets work done within scheduled time

TRAINING CONTENT

Functional
- How to provide on-the-job-training
- How to communicate with workers
- How to perform housekeeping procedures, to maintain supplies and equipment to standards
- How to read inspection standards; health regulations
- How to check for and correct errors in performance, courteously and effectively

Specific
- Location of materials to be used, disposal of used materials
- Local standards of inspection
- Recommended methods of performance for personal care homes
- Knowledge of how to check and correct errors, demonstrate/explain to particular employees
- Knowledge of specific equipment use and maintenance techniques (keeping poisons out of reach, avoiding falls or injuries to residents, etc.)

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	2	1A	10	35	55	2*	2	1	3	B-8

GOAL:

OBJECTIVE:

TASK: Demonstrates/describes techniques for removing bed linen, putting linen on bed, special folds, etc. to residents and employees in order to insure beds are made correctly.

PERFORMANCE STANDARDS

Descriptive
- Bed is made correctly
- Demonstration is clear and easy to follow
- Is pleasant and courteous

Numerical
- No more than X number of residents complaints about bed being made improperly
- Demonstrates making up bed in X amount of time
- No more than X failures to make beds correctly as a result of faulty or unclear demonstration
- No more than X complaints that demonstration was unclear or about worker's manner

TRAINING CONTENT

Functional
- Knowledge of special techniques in making up beds to assure comfort of resident
- How to demonstrate bedmaking techniques

Specific
- Location and disposition of linens and bed clothes
- Knowledge of special demonstration techniques for residents and staff in how to make beds

C. RECORD KEEPING-RESIDENT CARE

FUNCTIONAL

Communication Skills: Verbal/non-verbal

Read, review, transfer, transcribe records

Read and understand directions and write clear instructions for others

How to select pertinent information from quantity data

How to relate recording tasks to overall objectives

Knowledge of psychological, social, nutritional and medical needs of older persons.

SPECIFIC

How to observe residents and to note significant data from these observations

Knowledge of what information required for residents' records location

Knowledge of local professional office and home visit schedules, organization of case records.

Knowledge of local agency procedures and expectations for recording, and records and forms to be used.

Knowledge of typical and atypical attitudes, behavior and physical condition of individual residents.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	1A	1A	85	5	10	2	2	1	3	C-1

GOAL:

OBJECTIVE:

TASK: Writes/transcribes/transfers specific information from application form, comments and documents from agency officials, family members, doctor, nurse and resident in order to set up case records for each resident.

PERFORMANCE STANDARDS

Descriptive
- Entries are complete, correct and legible
- Completes task in reasonable time

Numerical
- Fills out all specified items with 100% accuracy
- No more than X number of errors per form
- Complete form in X amount of time

TRAINING CONTENT

Functional
- How to copy material from one record to another

Specific
- Knowledge of questions on form to be asked
- Knowledge of agency procedure and guidelines for entering information

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	1A	1A	80	5	15	2	2	1	2	C-2

GOAL:

OBJECTIVE:

TASK: Visually inspects each case record, noting missing information and filling in omitted information on the record in order to keep files current.

PERFORMANCE STANDARDS

Descriptive
- All records are clearly/accurately and completely marked
- All records are easily accessible
- Completes task in reasonable time

Numerical
- No more than X instances of lost files or inaccurate or incomplete information over X period of time
- Checks X % of files each day

TRAINING CONTENT

Functional
- How to copy information on a form
- How to use a filing system: alphabetical or numerical order

Specific
- Knowledge of location/organization of files
- What information should be entered on record
- Knowledge of how to find information to enter

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	2	1A	60	30	10	3	3	1	3	C-3

GOAL:	OBJECTIVE:

TASK: Mentally records and notes residents' attitudes and behavior during daily activities, asking questions listening to and noting answers as needed, in order to transcribe information into resident's record.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Entries are complete, correct and legible . Questions are pleasantly asked . Speaks clearly Numerical . Fill out all specified items with 100% accuracy . No more than X number of errors per form . Complete form in X amount of time . No more than X number of persons complaining about operator's manner and lack of clarity in questions	Functional . How to transcribe answer and comment to question . How to ask questions simply and pleasantly . How to observe activities . Knowledge of older persons' need and behavior patterns - pvhsical, social, psychological Specific . Knowledge of agency procedures and guidelines . Knowledge of resident's typical attitudes and behavior . Recognizes significance of subtle changes in state of mental/physical health of resident

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	2	1A	60	35	5	3	3	2	3	C-4

GOAL:	OBJECTIVE:

TASK: Questions resident, listens to and transcribes resident's answers and reactions to specified items on form indicating resident's progress/decline, or change in attitude in order to obtain/record information to be used in diagnosis, treatment, and care.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Entries are complete, correct and legible . Questions are asked pleasantly and in an acceptable and courteous manner . Speaks clearly . Completes task with reasonable speed Numerical . Fill out all specified items . Complete interview in X amount of time . No more than X number of errors in transcribing resident's answers per X number of forms . No more than X number of residents' complaints of operator's manner and lack of persistance and clarity in questions	Functional . How to elicit information in interviews . How to transcribe answers to questions clearly and concisely . How to read and write: transcribe verbal material given orally into written informative language . How task relates to overall objectives Specific . Knowledge of forms to be used and method of obtaining them . Knowledge of techniques in talking with older persons compensation for hearing and speech handicaps, etc. . Knowledge of how to enter data on forms

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	1A	90	5	5	2	2	1	2	C-5

GOAL:

OBJECTIVE:

TASK: Reviews, scans resident case records noting individual appointments needed for hospital, nurse therapist, consultations, prescribed schedules for medication and other activities or instruction pertaining to each resident in order to administer treatment, plan visits, etc.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Review of records is complete - all instructions, appointments are identified Numerical . Review/identify all specified items (100% accuracy) . No more than X % visits are not made because of failure to note/identify dates	Functional . How to read and review case records . Techniques in following written instructions . How to identify specific information from a mass of data Specific . Knowledge of techniques in reading reports . Knowledge of location of information on forms . Knowledge of how task relates to overall operation and care of individual residents

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	1A	1A	85	5	10	2	2	1	3	C 6

GOAL:

OBJECTIVE:

TASK: Records past and future treatments and appointments and clinic/doctor visits, noting on case record name of resident, date, time and location of appointment, pick-up time, return time, person contacted, room number and other information in order to expedite and insure coordinated schedules of professional consultations, visits, etc.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Entries are complete, correct and legible . Instructions and directions are clear . Completes task in reasonable time Numerical . Fill in all specified items with 100% accuracy . Complete task in X amount of time . No more than X number of complaints from agency persons using completed forms . No more than X complaints from residents that errors on form caused unnecessary delay	Functional . How to fill in forms: copy from one record to another . How to write simple and clear instructions and directions Specific . Knowledge of agency procedure and guidelines for filling in form . Knowledge of how to get information: location/ organization of case records

D. NURSING CARE SERVICES

FUNCTIONAL

Knowledge of treatment routines and medications applicable to common physical problems and those prescribed by medical, nursing or rehabilitation professionals.

How to dress, undress, move, bathe handicapped persons.

How to determine and record temperature, blood pressure, pulse, respiration rate.

How to read prescriptions, measure and administer medications.

Knowledge of expected reactions and recognition of side effects or unexpected reactions in residents receiving medication.

Knowledge of physiology, psychology, pathology, contagion, disease as applied to older or handicapped persons.

SPECIFIC

Knowledge of temperament of persons being assisted - preserve personal privacy and dignity while giving maximum or minimum necessary assistance and care.

How to minimize contagion during personal contacts with residents.

How to assist mobility/teach use of wheelchair, walker to residents.

How to perform nursing tasks related to level of functioning and treatments prescribed for individual residents.

How to order, obtain prescriptions and non-prescribed supplies. How to observe and record individual reactions to medications.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	2	2A	50	30	20	3	3	2	2	D-1

GOAL:

OBJECTIVE:

TASK: Takes and records temperature, blood pressure, pulse and respiration rate of residents using instruments such as thermometer and sphymomanometer, etc. in order to maintain current health data in resident record.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Readings and entries are complete, correct and legible . Direction/instruction are pleasant and manner toward resident is acceptable . Speaks clearly . Methods used are legally/technically acceptable and accurate Numerical . Fill in all specified items with 100% accuracy . No more than X number of errors per X number of residents . Complete examination in X amount of time . No more than X number of complaints over X period of time from residents about rough handling or discourteous manner by worker	Functional . How to take and record body temperature, blood pressure, pulse and respiration rate . Knowledge of equipment to be used . Knowledge of special techniques in handling an elderly person when using medical equipment Specific . How to protect oneself from catching diseases . How to deal with individual ailing persons when using medical equipment . How to obtain supplies and equipment . Knowledge about forms on which to record data (how, where, what)

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	4C	2A	30	55	15	3	3	2	4	D-2

GOAL:

OBJECTIVE:

TASK: Dresses wounds and sores, gives enemas, douches, alcohol rubs and massages as directed by physician, conversing with resident, explaining reasons for treatment in order to give prescribed treatment with cooperation of resident.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Pleasant/courteous manner toward resident . Protects oneself adequately against communicable diseases . Follows physician direction carefully and thoroughly . Does not unnecessarily frighten or embarrass patient/resident Numerical . No more than X instances over X period of time of worker illness due to disease from residents . No more than X numbers of injuries to residents over X period of time . Performs tasks in X amount of time . No more than X number of residents complaining about rough handling or discourtesy, embarrassment by worker over X period of time . No more than X complaints from physician that worker's manner and skill was inadequate in care of residents	Functional . How to dress injuries, bedsores: manipulating supplies, lifting persons . How to give douches, enemas and rubs . How to calm disabled elderly persons who are reluctant to accept treatment, fearful, embarrassed . Techniques in disease control - what diseases residents are likely to contract which are contagious and how to prevent their further spread Specific . Knowledge of special techniques of administering treatment such as dressings, douches, massage . Knowledge of treatments prescribed and reasons for them . Practice in treating individual elderly persons

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO. D-3
3B	1B	1B	50	30	20	2	2	2	3	

GOAL:

OBJECTIVE:

TASK: Administers specified medication according to physician's instructions and notes time and amount on resident's chart (case record) in order to regulate medication schedule and keep record up to date.

PERFORMANCE STANDARDS

Descriptive
- Medications are given when scheduled
- Correct medication amount is given
- Manner toward resident is courteous/acceptable

Numerical
- Medications are given as scheduled 100% of the time
- No more than X number of residents receiving an over dose or under dose of medication
- No more than X % of residents becoming ill because of irregular medication pattern or incorrect administration
- No more than X number of residents complaints about worker's manner

TRAINING CONTENT

Functional
- How to give medication (injections, pills, etc.)
- How to measure medication
- How to read and follow medication schedule

Specific
- Knowledge of techniques in administering medications to older persons
- What effect an over dose of medication will have upon residents
- How to obtain supplies, equipment and prescriptions

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO. D-4
3B	2	1A	35	60	5	3	M/3	2	4	

GOAL:

OBJECTIVE:

TASK: Talks with doctors, administrators, etc. explaining problems, needs for services, in order to inform them of specific situations and to enlist assistance in changing/improving conditions relating to resident's well-being.

PERFORMANCE STANDARDS

Descriptive
- Good communication with each agency providing needed services to older persons
- Speaks clearly
- Provides all necessary information
- Recommendations that result in improvement

Numerical
- Communicate with all agencies/persons providing services to older persons
- No more than X percentage of agencies complaining about lack of cooperation, or manner
- No more than X % of recommendations do not result in improvement

TRAINING CONTENT

Functional
- Where and what resources are generally available which relate to task
- How to communicate needs for services to agencies and staff persons

Specific
- Knowledge of conditions
- Knowledge of resources available for residents and procedures to obtain these resources
- Knowledge of how to contact persons providing services

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	2	1A	65	35	5	2	3	1	3	D-5

GOAL:

OBJECTIVE:

TASK: Accompanies therapist, medical and nursing personnel during professional consultations with residents, noting special orders/directions concerning residents and asking questions as needed for clarification in order to insure that residents will receive specified treatment and care.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Notes are complete, correct and legible . Questions are asked pleasantly and in an acceptable and courteous manner . Speaks clearly Numerical . Notes all specified items . No more than X number of professional complaints about operator's manner or lack of thoroughness, clarity and concern . No more than X resident or professional complaints that resident was ill or uncomfortable due to failure to follow orders/directions	Functional . How to communicate: elicit information . How to transcribe answers to questions and note data . How task relates to overall objective Specific . Knowledge of what information is required . Knowledge of home and professional visit schedules . Interpret general directions from professionals into care modality for individual resident

E. PERSONAL CARE SERVICES

FUNCTIONAL

Knowledge of techniques of personal shopping services.

How to judge quality and comparative costs of consumer items.

Knowledge of communicative techniques: how to read, write, take messages, transcribe verbal material to written form.

How to plan and schedule transportation according to destination, condition of passenger, availability of appointments.

Knowledge of special procedures in care and nourishment of elderly impaired persons.

SPECIFIC

How to use special utensils and devises to assist elderly or impaired persons in self help in daily living.

Knowledge of local stores and products which meet criteria of cost, wide choice and good quality for personal items needed by individual residents.

Knowledge of local resources, transportation schedules, fares, routes, community geography, etc.

How to communicate and record contacts with families of residents, others involved in social, business or personal contacts.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	2	1A	20	50	30	3	3	1	2	E-1

GOAL:

OBJECTIVE:

TASK:

Give sponge baths to residents unable to bathe themselves in order to increase comfort, prevent infection, body odor and bed sores while preserving individual dignity, tranquility of residents.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Show consideration of resident's condition during personal care . Firm, tender manner toward residents . Performs task according to instructions . Avoids unnecessary loss of dignity by resident . Maintain constant cleanliness of resident Numerical . No more than X number of injuries to residents . No more than X number of complaints from residents regarding worker's manner . No more than X residents over X period of time contract infections, body odor or bed sores as a result of insufficient bathing and sanitary precautions	Functional . How to protect individual's privacy and dignity . Knowledge and understanding of dependency and helplessness Specific . Techniques in bathing impaired or elderly persons . Specific methods of calming and reassuring individual residents . Knowledge of how/where to obtain supplies and equipment, special auxiliary services . How to lift and move bed ridden or feeble persons without injury to them or oneself

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	3A	10	10	60	30	2	2	1	1	E-2

GOAL:

OBJECTIVE:

TASK:

Assists residents with grooming/styling of hair, applying cosmetics/deodorants, manicures and pedicures encouraging residents to do as much as possible for themselves in order to insure that residents are as neat and attractive as possible.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Assists residents efficiently and sufficiently . Pleasant courteous manner toward resident . Protects himself adequately against communicable diseases . Results are reasonably neat and attractive Numerical . No more than X instances over X period of time of worker or resident illness due to contagion . No injuries to residents . Grooming is complete in X amount of time . No more than X complaints over X period of time from residents that worker failed to preserve and protect privacy, was discourteous, handled roughly . X % of residents express satisfaction with results	Functional . How to provide comfortable and neat personal grooming for functionally impaired persons . How to protect oneself and those one works with from contagion . How to use grooming equipment with safety Specific . Knowledge of special techniques of lifting and handling a person who is handicapped or old . Knowledge of special techniques in grooming elderly or handicapped persons . Knowledge of specific resident preferences, idiosyncracies . Knowledge of how to obtain supplies and materials of good quality at low cost

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
1	1B	1A	5	60	35	3	3	1	1	E-3

GOAL:

OBJECTIVE:

TASK:

Dresses/undresses or assists residents with dressing/undressing in order to keep residents comfortable, warm, clean, appropriately clothed.

PERFORMANCE STANDARDS

Descriptive
- Assists residents efficiently and sufficiently
- Pleasant courteous manner toward resident
- Protects himself adequately against communicable diseases
- Complete task neatly and in reasonable time

Numerical
- No more than X instances over X period of time of illness due to contagion - resident to worker or worker to resident
- Removes and replaces all soiled clothing of resident
- No injuries to residents
- No more than X complaints over X period of time from residents that worker failed to preserve and protect privacy, was discourteous, handled roughly

TRAINING CONTENT

Functional
- Anatomical structure of human body
- Knowledge of disease control, contagion, sanitation

Specific
- Manipulating garments, lifting/moving impaired persons
- Dressing and undressing persons with disabilities
- Knowledge of capabilities and limitations of specific residents
- How to protect oneself from contagion

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
1	1B	1C	10	40	50	1	2	1	1	E-4

GOAL:

OBJECTIVE:

TASK:

Assists mobility of residents by supporting, guiding, pushing wheelchair, use of walker in order to make it easier for them to get around indoors, outdoors, other difficult situations such as mounting vehicles.

PERFORMANCE STANDARDS

Descriptive
- Assists residents efficiently and sufficiently
- Pleasantly courteous manner toward resident

Numerical
- No injuries to residents
- No more than X number of residents complaining about rough handling by worker
- Failure to assist when needed or assisted when unnecessary

TRAINING CONTENT

Functional
- How to use wheelchairs, walkers, other appliances that assist mobility
- Knowledge of special techniques of assisting persons who are handicapped or elderly
- Safety measures and precautions to be used

Specific
- Knowledge of assistance required by specific residents and ability of resident to help himself

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	2	1A	75%	20%	5%	3	3	2	2	E-5

GOAL:

OBJECTIVE:

TASK:
Arranges transportation for residents on public conveyances (bus, taxi, etc.) or transports in private car in order to enable client to get to agency, day care center, doctor's appointments, recreational outings, etc.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Is polite and courteous in dealings with resident and others . Most convenient and cheapest transit is ascertained . Information is accurate . Completes task in reasonable time Numerical . Over period of time less than X % complaints because of worker's attitude/manner . Over period of time less than X % of appointments are broken or member arrives late because of inaccurate arrangements . No more than X complaints that method arranged was too expensive or inconvenient	Functional . How to convey information, speaking and listening . How to read and write transportation schedule and fares Specific . Knowledge of types of local transportation available, community geography, local fares, routes, time and distance, where the person must be transported and when, resident's condition and level of independence

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	2	1A	45	50	5	2	2	1	3	E-6

GOAL:

OBJECTIVE:

TASK:
Answers door, telephone and writes down messages for residents and gives particular relatives and friends specified information and messages concerning residents, in order to maintain communication between residents and other persons.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Messages are complete, correct and legible . Questions are asked and information given pleasantly . Speaks clearly . Completes task promptly . Ascertain caller's identity correctly . Delivers information to callers correctly Numerical . Writes down all required information . Completes task in X amount of time . No more than X errors in transcribing information . No more than X complaints over X period of time about worker writing information incorrectly, illegibly or incompletely . Gives particular callers any/all of specified information intended for him . Does not give information about residents to any but specified callers or give information intended for one caller to another	Functional . How to elicit information courteously but completely . How to answer questions . How to read and write: transcribe verbal material given orally onto form; read messages about residents over telephone or in person . Techniques in transcribing conversational information: what information to write down Specific . Knowledge of specific techniques in talking with people such as family members and elderly persons (special handicaps, hang-ups, etc.) . Knowledge of particular persons to give specified information . Knowledge of particular information to be given to caller and how to obtain it

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	1A	1A	90	5	5	4	3	2	3	E-7

GOAL:

OBJECTIVE:

TASK:

Purchases/shops/selects grooming items, cosmetics, clothes, linen, etc. determining requirements by reading case records and referring to budget in order to provide adequate supplies of such items which meet needs and preferences of individual residents.

PERFORMANCE STANDARDS

Descriptive
- Selection is agreeable to resident
- Selections are as inexpensive as possible
- Selections fulfill any requirements

Numerical
- No more than X ommissions per month of needed items
- No more than X number complaints about inadequate amount of supplies and equipment
- No more than X complaints of inappropriate selection
- Does not exceed budget
- No more than X instances of failure to consider specific requirements, e.g. sizes, allergies, etc.

TRAINING CONTENT

Functional
- How to judge quality and prices to make purchases
- How to select specific items on the basis of general needs
- How to use a budget
- Good consumer purchasing practices

Specific
- How to purchase specific items for resident's specified needs
- Assessment of resident's needs (clothing, cosmetics, etc.)
- Knowledge of resident preferences and relative importance of items in relation to budget limitations
- Knowledge of when and where to purchase items: location of vendor and supplies on inventory in home

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	4A	1A	40%	50%	10%	3	4	2	3	E-8

GOAL:

OBJECTIVE:

TASK:

Accompanies/escorts residents shopping, giving suggestions/advice on selection of items while considering resident's family resources, needs, and customs in order to enable resident to make wise use of money within budget limitations.

PERFORMANCE STANDARDS

Descriptive
- Accepting of resident's opinion
- Advice given as a suggestion rather than an order
- Helpful, friendly attitude

Numerical
- Less than X % or residents complain about worker's attitude
- X % of resident's report worker helped them save money

TRAINING CONTENT

Functional
- How to give advice in warm, positive way
- How to perform mathematical computations relative to comparing prices
- How to read product information and compare quality and quantity and price of consumer items

Specific
- Knowledge of local stores and particular products likely to give resident the most for his money
- Knowledge of resources (money available) and resident's needs

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
1	3A	1A	10	75	15	2	2	1	2	E-9

GOAL:

OBJECTIVE:

TASK:

Feeds resident, using spoon, fork, knife, or straw as needed, coaxing and encouraging resident to take food in order to insure that resident eats.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Completes task in reasonable time, but unhurriedly . Completes task neatly . Manner is courteous and pleasant . Use proper implement Numerical . Completes X number of feedings per day . No more than X number of residents complaints about worker's manner of feeding . No more than X instances of unnecessary messiness	Functional . How to feed people; use eating utensils . How to follow instructions; feeding procedures . How to encourage reluctant people who are unable to feed themselves to eat Specific . Knowledge of how and where to get/obtain eating utensils and food . Knowledge of special procedures and courtesies for feeding and encouraging individual residents

F. LEISURE THERAPY & RECREATION

FUNCTIONAL

How and what activities are beneficial and suitable to older persons.

Communication, teaching, demonstration, group work skills.

Handicraft skills and how to demonstrate skills to others.

Knowledge of psychology of encouragement, motivation, assistance and/or self-help.

SPECIFIC

Knowledge of physical limitations, health handicaps, of individual residents.

Knowledge of local community resources in areas of special activities for older persons.

How to relate activity plan to personal needs of older residents.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	3A	1C	30	6	10	3	3	1	4	F-1

GOAL:

OBJECTIVE:

TASK:

Demonstrates, explains and describes activities, rules and regulations of recreational games and contests, in order to motivate and encourage residents to participate for their own benefit.

PERFORMANCE STANDARDS

Descriptive
- Explanation and demonstration is clear and concise
- Is tactful and courteous in explaining to residents
- Speaks clearly
- Completes task in reasonable time

Numerical
- Complete explanation/demonstration in X amount of time
- No more than X numbers of errors in explanation
- No more than X complaints from residents that they don't understand the rules or benefits of activities
- No more than X complaints of worker's manner
- No injuries to residents because of failure to explain or understand procedures

TRAINING CONTENT

Functional
- Relation of activity and leisure roles to physical and mental well-being
- How to explain an activity or game clearly so it can be played
- Knowledge of benefits of activity for older persons
- Psychology of motivation

Specific
- How to adapt activities and games considering handicaps/impairments of individual residents
- How to relate activity to health of specific resident
- How to explain possible beneficial effects of increased activity to individual resident

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	4B	2A	30%	50%	20%	3	4	2	4	F-2

GOAL:

OBJECTIVE:

TASK:

Gives instruction/explains/answers questions/demonstrates in handicrafts, machine and hand sewing, knitting, crocheting, etc. to residents who wish to learn, relying primarily on own knowledge and experience, but referring to instruction books as necessary, in order to enable resident to develop skills to his satisfaction and benefit.

PERFORMANCE STANDARDS

Descriptive
- Explanations are clear and accurate
- Instructions are geared to residents' capacities and desires
- Manner is non-judgmental, encouraging, and supporting

Numerical
- X % of residents, over a period of time, are able to produce finished products that are usable
- Less than X % of residents complain of worker's attitude or manner

TRAINING CONTENT

Functional
- How to perform and demonstrate various kinds of handicrafts; hand and machine sewing, knitting, crochet, etc.
- Knowledge of activity roles as part of total therapy plan

Specific
- Knowledge of resident's capacities and preferences
- Knowledge of location and method of obtaining supplies and equipment
- Knowledge of training opportunities and facilities, equipment available
- How to gear instructions to resident's capacities
- How to be supportive of resident

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	3B	1A	20	10	15	3	3	3	4	F-3

GOAL:

OBJECTIVE:

TASK: Explains/demonstrates group recreational activities to reluctant and withdrawn resident, reassuring and encouraging him, considering his particular needs and feelings, and enlisting the help of other residents if needed, in order to encourage resident to participate.

PERFORMANCE STANDARDS

Descriptive
- Pleasant, acceptable manner towards residents
- Residents easily comprehend workers instructions
- Show an enthusiastic and patient attitude
- Persuasism is effective, but not overbearing
- Methods of reassuring, demonstration and encouraging show good understanding of resident

Numerical
- X number of complaints about manner of worker
- X % of residents decide to participate
- No more than X complaints from residents that explanations or demonstrations were unclear
- No more than X complaints that worker made residents feel he was required to participate

TRAINING CONTENT

Functional
- How activities contribute to the well-being of older persons and how to explain this to them
- How to relate to needs of older persons
- How to teach activities to older persons simply and pleasantly
- How to make reluctant participants feel wanted/needed in group activities without forcing participation

Specific
- Specific activities of residents related to their physical and mental health
- Knowledge of individual encouragement and reassurance
- Relative value of response of resident to worker as compared to other resident

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	3B	1	60	30	10	3	3	1	4	F-4

GOAL:

OBJECTIVE:

TASK: Observes leisure/recreational activities of residents, in order to learn and note the extent of involvement by each resident, suggests/explains/demonstrates activities to those who are not involved in order to ensure maximum participation and therapeutic value to residents.

PERFORMANCE STANDARDS

Descriptive
- Explanation is clear and concise
- Is tactful and courteous in explaining to resident
- Completes task accurately and in reasonable time
- Observes unobstrusively
- Suggestions are suitable
- Demonstrations are effective

Numerical
- No more than X complaints from residents that they don't understand
- No more than X complaints of worker manner
- No injuries to residents because of failure to explain demonstrated procedures
- Suggestions reflect accurate observation of resident's interest and abilities X % of time

TRAINING CONTENT

Functional
- Benefits of activity for older persons
- Motivation techniques
- Knowledge of special techniques in demonstration explaining activities for older persons with consideration for handicaps
- Knowledge of techniques of observation: how to determination interest; how to judge involvement

Specific
- How to relate activity to health of specific residents
- How to explain the benefits of activity to resident

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1	1A	40	55	5	3	3	1	3	F-5

GOAL:

OBJECTIVE:

TASK:

Asks questions/listens to and notes answers about schedules of leisure and recreational activities suitable for older persons in community agencies providing these activities, in order to obtain information on activities for residents.

PERFORMANCE STANDARDS

Descriptive
- Obtains necessary information
- Courteous and pleasant manner

Numerical
- Communicate with all agencies providing services to older persons
- No more chan X percentage of agencies complaining about worker's manner

TRAINING CONTENT

Functional
- How to elicit information
- What leisure and recreational activities are suitable and acceptable to older persons
- How to read: agency brochures, telephone directories

Specific
- Knowledge of what agencies provide activities: how to contact them
- What information is necessary
- Particular preferences/needs of residents

G. NUTRITION & DIETARY PLANNING, PREPARING & SERVING FOOD

FUNCTIONAL

Knowledge of nutrition and relation to mental and physical health.

Knowledge of planning menus, food preparation, special diets.

Knowledge of inventory and how to plan on basis of past use data.

How to purchase food economically and selectively.

How to read recipes, directions, calculate quantities of ingredients.

How to prepare, cook and serve food maintaining standards for cleanliness and sanitation.

SPECIFIC

Read case records, extract diet information.

How to plan, prepare and serve attractive and nutritious meals with adaptations for special individual diets for residents.

Knowledge of local resources for bulk purchases of food supplies.

Where and how to store food supplies and maintain necessary quantities on hand at residence.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	2	1A	25	70	5	3	3	2	3	G-1

GOAL:

OBJECTIVE:

TASK:

Talks with nurses, nutritionists, doctors, discussing the kinds of food and liquids the patient may consume, noting comments and suggestions, asking questions necessary for clarification regarding diet for residents.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Notes are accurate, complete and legible . Pleasant, acceptable manner toward other professionals . Speaks clearly . Completes task in reasonable time Numerical . Notes are written with 100% accuracy . No more than X % of professional complaints of worker manner or lack of clarity in communicating . No more than X instances of patient illnesses or complications due to error in noting proper diet	Functional . How to take notes and copy verbal material precisely . How to ask questions simply and pleasantly . How to communicate clearly and courteously general concepts of nutrition Specific . Type of questions to ask in order to get needed information Kinds of diets for special types of illnesses How to secure information How to contact nurses, etc.

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
2	1A	1A	90	5	5	2	2	1	2	G-2

GOAL:

OBJECTIVE:

TASK:

Read/review resident case records in order to obtain information needed on diet of each resident.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Completes review thoroughly and accurately . Obtains all pertinent information Numerical . X number of resident complaints about diet . No more than X deviations from diet cause illness or discomfort to resident	Functional . How to read: case records, diet information Specific . How special diets contributes to the health and attitudes of the residents . Knowledge of how to locate diet information in case records

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	1A	80	5	15	3	3	2	2	G-3

GOAL:

OBJECTIVE:

TASK:

Visually checks inventory of food supplies and general maintenance supplies on reserve on premises, outlining future needs and preparing a purchasing list, in order to assure ready availability of items needed for efficient upkeep of home and food preparation.

PERFORMANCE STANDARDS

Descriptive
- Sufficient quantity and proper quality of needed supplies is readily at hand when needed
- Inventory is complete, and thorough, and regularly completed
- Purchasing list is accurate and complete

Numerical
- Purchase orders are correctly and legibly prepare
- Complete inventory check is scheduled every X days and completed in X amount of time
- No more than X special purchases outside regular schedule are necessary
- Overstocking does not occur more than X times per year
- Shortages do not occur more than X times per year

TRAINING CONTENT

Functional
- How inventory system works
- How to predict quantities of inventory items needed
- How to judge future needs on the basis on past use data

Specific
- What system of inventory is suited to use in specific personal care homes
- What information needs to be recorded
- How and where to get or make inventory forms
- Special procedures and guidelines

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	1A	90	5	5	2	3	2	3	G-4

GOAL:

OBJECTIVE:

TASK:

Purchases food and groceries for home from specified vendors, following list in order to provide food for preparation in home.

PERFORMANCE STANDARDS

Descriptive
- Buys items listed from specified vendors
- Stays within budget

Numerical
- No more than X omissions of listed items
- No more than X number complaints about inadequate groceries

TRAINING CONTENT

Functional
- How to compile lists of required quantities of food
- How to follow directions for locating items in different stores and vendors
- How to count/add/subtract money

Specific
- Knowledge of location of specified local vendors
- Knowledge of how to find items in specific stores
- Knowledge of how to make sure listed items are properly selected according to needed quality, quantity

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
4	1A	1A	85	5	10	4	3	2	2	G-5

GOAL:

OBJECTIVE:

TASK:
Evaluates/assesses time required to prepare meals, including planning, purchasing, cooking, serving, and clean-up and preferences and convenience of self and residents in order to set up/establish regular meal schedules.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Schedules are convenient and workable Numerical . No more than X number of meals have to be served early or late because of faulty evaluation . No more than X number of complaints concerning meal schedules	Functional . How to make a schedule involving several steps in a process Specific . Scheduling meals in relation to other activities . Time required for planning, purchasing, cooking, serving and cleanup . Preferences of residents for meal times

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	2A	60	10	40	3	3	3	2	G-6

GOAL:

OBJECTIVE:

TASK: Plans and prepares foods, cutting meats, measuring and combining ingredients and seasonings, cleaning vegetables, making/mixing beverages and other foodstuffs, referring to cookbooks, nutrition books, etc. as necessary in order to provide appetizing, well-balanced meals for residents which comply with special diet requirements.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . Preparations are complete and correct . Area is clean and free from germs (according to standards) . Meals are appetizing and well-balanced Numerical . Prepare all food within diet specification (100% accuracy) . No more than X % of residents complaining of how food tastes or appears . Prepare food in X amount of time (according to schedule of meal times) . No residents becoming ill from unsanitarily prepared foods or deviation from special diet requirements	Functional . Knowledge of food preparation techniques and methods . Knowledge of how good food preparation contributes to the health and well-being of the residents . How to keep food from becoming contaminated: general sanitary standards . How to read: recipes, labels, instructions, nutrition books, etc. Specific . How to prepare food in proper quantities according to menu plan and number of persons to be served . Knowledge of special diets and preferences of residents

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	2C	40	10	50	2	2	1	2	G-7

GOAL:

OBJECTIVE:

TASK:

Cooks/prepares food as specified, operates equipment (stove, etc.) according to instructions, stirring, etc.

PERFORMANCE STANDARDS

Descriptive
- Tend cooking food in the prescribed manner
- Equipment is properly used
- Food is reasonably appetizing

Numerical
- No more than X % of foods cooked too well or not well enough
- No more than X number of residents complaining about cooked food
- No more than X instances of equipment misuse

TRAINING CONTENT

Functional
- How to tend cooking food
- How to operate kitchen equipment and tools
- How to read recipes, labels on cans, etc.

Specific
- How to adjust particular stove
- Ways to tend different foods
- What temperature different foods should be cooked
- Length of time to cook different foods
- Preserving nutritional value while cooking food
- Knowledge of resident preferences or particular specifications for preparation

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
1	1B	1B	15	25		2	2	1	1	G-8

GOAL:

OBJECTIVE:

TASK:

Serves meals four times daily according to schedule, (breakfast, lunch, dinner, evening snack) by taking food from cooking pots or containers, placing it on a plate or serving dish, setting up the table or tray for each resident, in order to provide food for the residents to eat.

PERFORMANCE STANDARDS

Descriptive
- Servings are neat and attractive
- Exercises courtesy and consideration
- Completes task according to schedule

Numerical
- Each serving has all specified items (100% of time)
- Completes X number of servings per day
- No more than X number of servings per day
- No more than X number of residents complain about worker's manner of serving them or messy or unattractive servings
- Completes serving according to schedule X % of time

TRAINING CONTENT

Functional
- How to serve food attractively and efficiently and at scheduled times, sanitary standards, temperature of food, serving procedures

Specific
- How to make individual servings appetizing
- Knowledge of where eating utensils, food, etc. are stored, how to be used and cleaned
- Knowledge of special diets, individual portions to serve
- Efficient and coordinated ways of serving a variety of food at the same time

H. CLEANING, MAINTENANCE, LAUNDRY

FUNCTIONAL

How to perform competently and efficiently in general maintenance and housekeeping.

How to maintain safety and health standards relating to environment.

How to sterilize equipment and maintain antiseptic conditions on premises.

How to sort laundry by specified procedures, process, sterilize and maintain adequate supplies of clean, dry, reusable linens and clothing.

Knowledge of home/institutional equipment and supplies; assembly, use and maintenance, and simple repair of maintenance equipment.

SPECIFIC

Familiarity with licensing requirements for cleanliness, sanitation, asepsis, safety.

Knowledge of maintenance and use of specific equipment used with ill and/or disabled persons.

Data	People	Things	Data	People	Things	INSTR.	Reas.	Math.	Lang.	TASK NO.
	W.F. - LEVEL		W.F. - ORIENTATION				G.E.D.			
2	1A	2A	30	5	65	2	2	1	2	H-1

GOAL:

OBJECTIVE:

TASK:
Washes walls, woodwork and windows, following specified procedures and schedules and using supplies and equipment according to directions (buckets, mops, squeezes, detergents, solutions) in order to keep home clean.

PERFORMANCE STANDARDS

Descriptive
- Surfaces are thoroughly clean according to standards
- Performs tasks according to schedule and in reasonable time
- Follows instructions for procedures
- Follows correctly and thoroughly directions for supply and equipment use accurately

Numerical
- 100% of surface is cleaned
- No more than X number of residents complaints about unclean surfaces
- No more than X deviations from schedule over X period of time
- No more than X deviations from procedure or supply/equipment directions over X period of time time

TRAINING CONTENT

Functional
- How to clean walls and woodwork and windows
- How to use cleaning supplies and equipment
- How to follow a schedule
- How to read: supply and equipment directions

Specific
- Knowledge of special procedures for cleaning walls and windows surface in personal care home
- How to obtain and use equipment and supplies
- Knowledge of schedule; when and where to perform what task
- Knowledge of what particular kinds of equipment and supplies are used and how to use them

Data	People	Things	Data	People	Things	INSTR.	Reas.	Math.	Lang.	TASK NO.
	W.F. - LEVEL		W.F. - ORIENTATION				G.E.D.			
2	1A	2C	45	5	50	2	2	2	2	H-2

GOAL:

OBJECTIVE:

TASK:
Cleans and washes equipment used for feeding, dispensing medication, and caring for residents, such as eating utensils, etc., using germicides, sterilizers, or autoclave according to specifications in order to comply with sanitary requirements.

PERFORMANCE STANDARDS

Descriptive
- Used items are thoroughly cleaned according to standards
- Any contagious disease is effectively controlled

Numerical
- 100% of used items are sterilized within Board of Health Standards
- Puts all items in sterilizer or protector immediately after use 100% of the time
- No more than X instances of disease spread through failure to adequately sterilize or clean items

TRAINING CONTENT

Functional
- How to sterilize items: how to use germicides, sterilizers or autoclaves
- How to control diseases through sanitation
- How to read instructions for cleaning and sterilizing equipment, instructions for use of antiseptic solutions, etc.

Specific
- Knowledge of how to keep residents from using unsterilized items
- Knowledge of how to protect oneself and other residents from catching particular diseases likely to occur in home
- Knowledge of particular sterilization method to be used for special equipment

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
1	1A	1B	10	10	80	2	2	1	1	H-3

GOAL:	OBJECTIVE:

TASK:

Empties wastebaskets, ash trays, and bed pans, replenishes towels and soap, and fills dispensing machines in toilet, following specified procedures in order to remove waste and trash, replenish supplies.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . All waste recepticals are emptied . All dispensers are refilled . Completes task in reasonable time and according to specified procedures Numerical . 100% of used linen is replaced with clean linen . 100% of all waste containers are empty . 100% of all dispensers are refilled . Complete task in X amount of time . No more than X number of residents complaints concerning unavilability of item when needed, or over filled waste containers	Functional . How to dispose of waste in sanitary manner . How to follow instructions; filling dispensing machines, etc. Specific . How to obtain new and clean supplies and equipment . Local waste disposal and trash collection schedules . Specified procedures to maintain . Constant sanitation according to local standards of health, housing, fire codes

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	1B	25	5	70	3	3	1	3	H-4

GOAL:	OBJECTIVE:

TASK:

Sweeps, polishes floors, vacuum cleans rugs, carpets, cleans walls, furniture, bathroom fixtures, curtains, draperies, using broom, mop, vacuum cleaner, brushes, sponges, cloths, detergents, polish and disinfectant solutions according to the Board of Health Standards in order to keep the home clean, neat and orderly as required for inspection.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive . All areas are thoroughly clean according to standards . Any contagious disease is effectively controlled . Exercises courtesy and consideration of residents during cleaning process . Takes proper care of equipment . Completes task in reasonable time Numerical . 100% of all space is clean within Board of Health Standards . No more than X instances of disease spread through failure to adequately clean area or home . Complete cleaning in X amount of time . No more than X numbers of resident complaints concerning unclean areas . No more than X items of equipment are damaged or destroyed through misuse . No substandard ratings from inspectors	Functional . How to maintain a clean, healthful, orderly environment . How to use cleaning/sanitation supplies and equipment with safety . How to read directions for use of supplies and equipment . Knowledge of techniques for proper equip. maintenance and care Specific . Knowledge of how to protect oneself and other residents from infection and disease likely to occur in a home . How to obtain equipment and supplies for home cleaning . Knowledge of local Board of Health Standards for cleanliness

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	1A	75	5	20	2	2	1	1	H-5

GOAL:

OBJECTIVE:

TASK:

Sorts dirty clothes and linen into separate piles of white, light and dark colors, permanent press, etc. in order to prepare clothes and linen for laundry and cleaning.

PERFORMANCE STANDARDS

Descriptive
- All items are sorted accurately and thoroughly
- Completes task in reasonable time

Numerical
- 100% of items are sorted to be washed
- Completes sorting of items in X amount of time
- No more than X % of items damaged after wash because of incorrect or incomplete sorting

TRAINING CONTENT

Functional
- Knowledge of sanitation regulations regarding treatment and handling of soiled linen and clothing

Specific
- Knowledge of specific kinds and colors of items to be separated: how to identify permanent press items (labels tags, marks, etc.): how to identify and separate "light" from "dark" colors, fabric difference

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
	W.F. - LEVEL		W.F. - ORIENTATION			INSTR.	G.E.D.			TASK NO.
3B	1A	2C	45	5	50	3	4	1	4	H-6

GOAL:

OBJECTIVE:

TASK:

Assembles and maintains equipment such as feeding tubes, oxygen supplies, wheelchairs, walkers, following printed instructions provided, and tests, checks to be sure items are operating properly in order to ready equipment for use.

PERFORMANCE STANDARDS

Descriptive
- Equipment is put together correctly according to instructions
- Completes task with reasonable speed

Numerical
- Equipment is put together/assembled in X amount of time
- No more than X number of parts lost during assembly
- No more than X number of injuries because of faulty assembly of equipment
- No more than X instances of equipment being unuseable due to faulty assemblege

TRAINING CONTENT

Functional
- How to follow oral/written instructions: for operating/assembling equipment
- How to check equipment to see it is operating properly
- How to read instructions for assembly/operation of equipment

Specific
- Knowledge of assembly and maintenance of particular equipment items
- Application or use of items according to doctor/nurse's instructions

FEDERAL CITY COLLEGE

INSTITUTE OF GERONTOLOGY
Course Outline for:
SR 261: Licensing of Facilities for Intermediate & Residential Care

SPRING QUARTER 1973

Saturday 9-1 at 1343 H Street, N.W., Room 402
Washington, D.C.

INTRODUCTION:

Operation and maintenance of health care facilities for Intermediate and Residential Care involves two basic subject elements aside from nursing knowledge and experience.

(1) Preparation and maintenance of physical facilities according to the standards prescribed by the Departments of Housing, Fire, and Sanitation, etc. Implicit in these standards are the provisions by the District of Columbia Department of Licensing and Standards for health, safety and welfare of the residents.

(2) Administration and management of the facility, continuous maintenance of the unit, record-keeping, budgeting, services available, nutrition, finance, insurance, etc.

GENERAL OBJECTIVE:

To improve the level of care given to the residents of the Intermediate and Residential Care homes and other related facilities through education and preparation of the operators/owners of these facilities.

SPECIFIC OBJECTIVES:

(1) To give the students the opportunity to learn how to effectively and profitably operate the extended care homes through better administrative practices.

(2) To prepare the students for licensing examination and inspection.

(3) To help students to be able to develop good administrative policies in such management areas as admission, transfer and discharge, etc., in accordance with the rules and regulations of the government licensing and inspection agencies.

(4) To acquaint the students with the different types of social service agencies.

(5) To enable the students to develop sense of self-initiative and awareness of the problems and welfare of the elderly resident.

(6) To familiarize each student with the terms and provisions of the Patient's Bill of Rights (American Hospital Association) and its application to the resident.

(7) To discover some methods of financing and maintaining extended care facilities through bank borrowing, personal savings, sound insurance policies, good record-keeping, etc.

METHODOLOGY:

There will be classroom discussions and instruction. Students will be given reading and project assignments. Projects will involve trips and visits to some extended care facilities with oral or written reports in the classroom.

COURSE OUTLINE

April 7, 1973 : Introduction to Course
Over View of Management Concepts
Useful Definitions
Categories of Health Care Facilities
(a) Clinic, In-patient, Out-patient, Hospital
(b) Skilled Care Facility
(c) Intermediate Care & Foster Homes etc.

April 14, 1973: Policies and Procedures Required by Regulation
Operator's Responsibility
Admission, Transfer, Discharge, Death
Patient/Resident Status
Patient/Resident Rights - Security, Accountability, etc.
Personnel Policies - Hiring, Qualifications, Wages & Salaries, Physical Examinations, Training, etc.

April 21, 1973: Licensing & Inspection I
General Requirements of Inspection Agencies
(a) Department of Housing
(b) Department of Sanitation
(c) Office of Licensing & Standards
How to make Application for License

April 28, 1973: Licensing & Inspection II
Safety & Fire Prevention Practices
First Aid Procedures
Evacuation Plans
Disaster Plans
Certification of Flamespread Rating of Curtains and Carpets.

May 5, 1973 : Management Practices
(a) Planning
(b) Organizing
(c) Staffing
(d) Directing
(e) Coordinating
(f) Budgeting - Loans, Insurance
(g) Procurement of Supplies and Equipment - Purchases, Rentals, Contract Services.

May 12, 1973 : Records Management
Patient/Resident Records
Reports
Posting and Retention of Records and Licenses
Bookkeeping

May 19, 1973 : Outside Services & Resources
Medical & Nursing
Pharmaceutical
Dental
Podiatry
Dietary
Rehabilitation - Physical & Occupational Therapy
Medicare/Medicaid
Transportation - Ambulance

May 26, 1973 : HOLIDAY

June 2, 1973 : Nutrition & Food Planning
Special Diets
Food Buying, Storing & Processing
Serving System & Schedule

June 9, 1973 : Care for the Elderly Resident
Psychological, Physical Problems
Personal Care Services
Managing Death & Separation

CHAPTER VI

SURVEY OF TRAINING PROGRAMS IN GERONTOLOGY

The staff of the Institute have surveyed selected programs giving training in studies of the aging. Materials, program outlines and general information were requested from the directors of various training programs funded by the Administration On Aging; all were asked to include the Institute on their mailing lists.

In addition,[1] visits were made to several locations where talks with faculty in studies on aging, administrators of programs and students helped the staff in their consideration of possibilities for the proposed curriculum at Federal City College. These discussions were very valuable to the development of staff knowledge and thinking about the direction and administration of the Institute of Gerontology at Federal City College.

The following key issues emerged from these consultations:

(1) Location and affiliation of the Institute within the college structure. The staff was advised to stay as independent as possible in operation and control of funds but to try to increase interest in gerontology on an interdisciplinary and intercollegiate level. The result was a decision to remain within the Office of Experimental Programs as an Institute, but to aim towards creating an academic Department of Gerontology within the Institute structure. (In actuality, an agreement has been reached with the Department of Social Welfare-Rehabilitation to accredit and list the courses sponsored by the Institute under that Department). The key faculty to teach the core courses and electives to be offered should be

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[1] See "Visits to Institutions", Appendix V.

recruited by the Institute. The Institute staff should continue with administrative, planning and coordinating duties related to the operation of the Institute.

(2) Financial Support. Building a good base for financial support of the Institute (independent of Federal grants) should be begun immediately to assure the future of the Institute. There are various ways to proceed on this goal now being incorporated into future plans. The first step is to initiate a request for staff and faculty salaries for the Institute to be included as line items in the College budget.

(3) Community Relations. Relating to the real needs of the older people in the community is an essential element of a good Institute of Gerontology training program. Most educational institutions visited do relate in some way or other to the immediate community of older persons but in many instances only indirectly through the training of professionals or teachers. Special attention should be directed towards community organizations of older persons, public relations on behalf of the elderly, increased communication and participation of older persons themselves in the life of the total community and the development of continuing education as a vehicle for self-fulfillment for persons of all ages.

(4) Gerontology as a Discipline. Most persons the staff talked to recognized a need for undergraduate training in services to the aging, but were very cautious about advising the Institute to award a B.A. degree in gerontology. "In another five years, it might be more acceptable," seemed to be the generalization. The interdisciplinary nature of the subject would suggest an interdepartmental major in the Division of Social Sciences with electives in humanities, natural sciences and business. Undergraduate education in gerontology would logically relate to employment goals in the field of aging as well as preparing students for graduate study.

(5) Research. There is growing interest among physicians, psychologists, sociologists, etc. to collect more knowledge on aging. Much of the current research falls into biological and medical areas. In the social sciences, there is need for research which has immediate application to problems of older persons; the Black aged have a particular set of problems about which little has been identified.[2] The Institute staff was encouraged by all persons consulted to take a role in promoting social science research in the area of Black and other minority elderly, whose problems are acknowledged to be different from those of the majority elderly.[3] The urban location of the College, the large and increasing proportion of older Black and other residents of the District of Columbia area, the predominantly Black student body are all contributing factors to justify the relevance of such an undertaking by the Institute. The Institute will encourage research by faculty and graduate students from other disciplines; the undergraduate curriculum in gerontology will give students an introduction to research and an opportunity to learn something about collecting and analyzing data and the evaluation of gerontological investigations as applied to the future work in services to the aging.

(6) Library Development. Adequate reference facilities are a must for studies in aging, particularly at the graduate level. Development of a well organized library is a task for a professional librarian. A specialized library is essential to support the work of faculty, students and researchers. There is a need to

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[2]Carl Eisdorfer & Marvin Taves. "International Research & Education in Social Gerontology," The Gerontologist, Vol. 12, No. 2, Part II, 1972, pp. 10, 59, 62.

[3]Eleanor Fait. "Research Needs in Industrial Gerontology....", Industrial Gerontology, edited by H. Sheppard, Chapter IX, (Cambridge, 1970), p. 97.

identify, procure and possibly develop additional instructional material at the undergraduate level.

Cataloguing of the Institute's library collection[4] to coordinate with the College system (Library of Congress) is important to save future time and effort. Many helpful suggestions as well as materials, books and book lists were shared with the staff by all persons visited in charge of special collections in aging.

(7) Students. As in any new area of study, students are interested but uneasy about what kinds of employment they may qualify for. Among those students on the graduate level that we questioned, most M.A. students felt that it was necessary to stay in recognized fields such as social work, psychology, in order not to disqualify themselves from Ph.D. candidacy and to have a major discipline to fall back upon if they were not hired in gerontology. A student from the master's program at South Florida has already begun Ph.D. study thus demonstrating that the so-called "terminal degree" (M.A. in gerontology) is not a drawback to further study.

Student recruitment seems to be largely on the basis of interest, need for stipend, willingness to move from another related area of study or research into a core of instruction in gerontology. The impression received was that without the student stipends, there would be a few students who would choose gerontology as a field of study.

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[4]The Institute of Gerontology received a gift of books from the estate of Dr. Robert Kleemeier, pioneer in the study of gerontology.

The Institute was advised that there is a need for more Black professionals and business administrators with community related training in gerontology. It is hoped that students will not only be prepared to use their knowledge for direct benefit of older persons but will be interested and stimulated to pursuing further study in graduate programs.

Other Consultations

The Advisory Committee of the Institute met in March and April 1972. The members who attended made several concrete suggestions about the direction of the program, the grant continuation request, and the curriculum. Others have called or written their recommendations. The staff has found the members very interested and cooperative and their recommendations helpful. For example, one suggestion for curriculum development presented the idea of a pre-medical curriculum with a concentration in gerontology.

The staff plans other consultations to seek further recommendations on the proposed curriculum.

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[5] See "List of Advisory Committee Members, Appendix VI.

CHAPTER VII

CURRICULUM PLANS

A tentative curriculum outline[1] was prepared in April 1972 and submitted as part of the narrative supporting a training grant request. The curriculum plan in the following pages is a revision[2] of the original in that courses have been combined so that each would count for a uniform four quarter hours credits; extension courses primarily designed for in-service or community training would be for two quarter hours credit on an optional basis for those registered at the College.

The criteria for selection of students entering the program is intended to be flexible. As a minimum requirement, each applicant must have completed the basic freshman requirements of Federal City College and have shown some aptitude for academic work in the social sciences. If seniors, applicants must have accumulated enough credits in social science and social welfare to be able to complete the major or minor requirements of the Department of Social Welfare-Rehabilitation with gerontology core before graduation. As implied from the survey of employees in aging, individual personality, interest in the subject and experience with older people are of great importance for success in the field; selection of students takes these factors into account.

Applications[3] are invited from among the regular student body through notices sent to academic departments of the college; the responses have been numerous.

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[1] See Curriculum Plan, April 1972, Appendix VII .

[2] See Curriculum Plan, September 1972, Appendix VIII .

[3] See Application Form - 1972, Appendix IX .

The Institute accepted 20 stipend students as interns with stipends and 10 students without stipends. Other students will be admitted to the individual courses as space permits. During the first year, it was thought best to keep classes as small as possible, and never to exceed thirty in any one class.[4]

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[4] See Course Offering Schedule 1972-73, Appendix X .

CHAPTER VIII

DEVELOPMENT OF A GRADUATE PROGRAM IN GERONTOLOGY

In the course of planning the undergraduate curriculum and in the first months of implementation, it has become more and more evident that a master's program and eventually a doctoral program should be offered at Federal City College. Statistics[1] available point to the needs of the elderly Blacks and other minorities as being far greater than those among the general population of older persons. Additional planning, research, program management and public administration roles in the area of service to minority group aging should be filled by minority group members. The Institute sees a real need for training such job candidates at all academic levels.

Unnecessary duplication of effort among local institutions of higher learning, as regards to graduate training in gerontology, should be avoided. The Institute staff has made a conscious effort to reach out to those individuals in the area colleges and universities who are interested in gerontology and to try to coordinate informally, by means of an exchange of information.[2]

Much thought has been given to planning and implementation of a graduate curriculum. It is probable that some of the basic courses already planned should be extended in content and assignments for students on a graduate level. Those who have already had some basic curriculum in aging will concentrate on advanced courses, training in research, and additional field experience.

The development of the special library in gerontology at the Institute has been

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[1] U.S. Congress, Senate, Special Committee On Aging, "Multiple Hazards of Age and Race", Report 92-450, 92nd Congress, 2nd Session, 1971.

[2] See "Report of Area Council Meeting", Appendix XI.

an essential preparation for the graduate and undergraduate program. Now well organized, the collection contains more than 800 volumes, as well as relevant periodicals and other publications.

The most pressing need in the development of a graduate and research program is the hiring of at least one senior faculty person with special training in gerontology. A proposal has been developed by the Institute which explains the need in detail and which is summarized as follows:

Rationale: (1) Growing numbers of older persons in our society and projection of more minority elderly among this group.

(2) Need for special study and research into effects of different culture patterns on aging.

(3) Possible significant findings related to general problems of aging from research of psychological and adaptive mechanisms of minority group aged persons.

Location: (1) Washington, D.C. has a large concentration of Black elderly in an urban setting.

(2) Students have access to resources of many government and private organizations.

(3) Federal City College is a new land grant college dedicated to serving the needs of the city population 70% Black.

(4) As a developing institution, the college needs special assistance to promote scholarly accomplishments in special areas as is suggested in gerontology.

Research Areas: One or two senior professors would be needed to map out a broad research design and structure advanced degree requirements related to implementating the long term research plan in the following areas of interests:

(1) Strengths of the Black elderly: how do elderly Black women carry on, hold jobs, care for grandchildren, care for home, church and community groups?

(2) What social institutions are useful for Black elderly and why? Church? Senior Centers? Clubs?

(3) What are appropriate living arrangements for Black elderly? Institutions? Senior citizen housing? Private nursing homes? Foster homes? Group living? Is there a relationship between housing arrangements and extended family pattern? Can a modern housing facility be built, with research built into design?

(4) Transportation possibilities ... minibusses? Shuttle service among agencies dealing with the elderly? Relation to Metro?

(5) Desirability and need for paid work roles for older persons.

(6) Community leadership and community action ... how to develop? Sustain? How to organize and train elderly? Role of advocate.

It is recommended that future graduate programs emphasize study and research based on the concepts of industrial gerontology.

The graduate program will emphasize study and research into the problems of older workers and retirees, income maintenance, continuing work and leisure roles, projected demographic changes and social implications, current retirement and pension regulations and possible policy changes.

The survey of older persons conducted by the Institute (Chapter II) indicated that work roles are desired by many even though they might have adequate income without working. The economic situation for the elderly will undoubtedly worsen. The prospect of 20 to 30 years at the end of life to be lived marginally is dreaded by many. Volunteer occupations, hobbies and recreation do not really fill the gap even if one can afford to pursue these accepted "leisure occupations." The study of industrial gerontology should prove to be a relevant and timely theme for graduate work and research.

Expansion to a graduate program in gerontology would be dependent upon additional future funding and the possibility of finding a scholar in the field who would fill the role of leader, guide and teacher.

CHAPTER IX

CONCLUSION

Implementation, testing and evaluation of the curriculum plans will surely be a continuous process dependent on many factors.

Among the important variables affecting the plan will no doubt be the level of interest, teaching skills, academic background and personality of the faculty members recruited to teach the courses. Special training for faculty may be necessary to ensure the success of certain course objectives and curriculum goals. Many interested persons have applied for positions or offered themselves as lecturers; many are extremely well qualified.

The nature of Federal City College itself as a new public institution will have an effect on the plan. The opportunity for innovation is wider when there are no precedents to overturn or traditions to break. The setting of the College in a central urban area provides a living laboratory for study and research and a variety of volunteer and work opportunities in aging for the students and graduates. The predominance of a Black population within the city and the college student body will quite naturally lead the Institute towards a specialization in studies of the Black aged, an area sparsely researched or studied to date.

Cooperation with the Department of Social Welfare-Rehabilitation as a means of accrediting students for degrees has already had a profound effect on the plan. The policy of giving practicum credits for work roles of students already working with the elderly will also be an important and experimental part of the curriculum.

The reactions of students themselves will be a check on the decisions of the planning process. It is hoped that the combination of basic liberal arts requirements supplemented and complemented by an employment-oriented interdisciplinary

training in aging will produce graduates who will be much in demand in the growing area of services to the aging. The Institute will attempt to select a heterogeneous student group to include bright young persons eager to move on academically and professionally in gerontology or kindred studies as well as older students who may have long practical experience with the elderly but little academic background. The final evaluation of the total plan will come from follow-up on the future roles of the students as they move out and hopefully upward into higher level studies, research and work roles for which their training was designed.

The results of the planning work of the Institute will also be reflected directly and indirectly in the progress of community organization and action among the elderly in the District of Columbia area.[1] The Institute curriculum is planned not to be an isolated classroom training; the students, faculty, staff and eventually graduates are expected to take part in the real life of the community and the growing problems of the elderly. Teaching of the relationship of theory to reality and the techniques of conceptualization from experience must involve both community and classroom. Success of such teaching should result indirectly in some change and progress in the status of older persons as individuals and as members of society.

In conclusion, it is the opinion of the planners that successful A.A. and B.A. level workers in human services relating to care of the aging can in part be developed through the kind of training planned. However, attitudes, personality traits, and personal goals are perhaps just as important basic ingredients. Developing the

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[1] See Appendix XII, Community Activities.

ability to think independently, to solve problems creatively and to empathize effectively across barriers of age are perhaps more important than job skills in services to the aging.

The goal of the Institute is to blend elements of training, education and self-development in the curriculum and to graduate students who are knowledgeable in the field of gerontology, skilled in community development, aware of the complexity of problems of the elderly and practiced in using the multiple resources available towards solutions of these problems.

APPENDIX I

PAGE

Survey Questionnaires * including:

Senior Citizen Survey..... 112

Survey of Employees I..... 123

Survey of Employees II..... 127

Survey of Agencies..... 129

* Note: Survey forms have been slightly condensed for space economy without ommission of questions. The originals were printed on legal size paper, one side only, leaving ample room for write-in comments.

INSTITUTE OF GERONTOLOGY

Federal City College - Office of Experimental Programs

SENIOR CITIZEN SURVEY

NAME:_____
(Optional)

ADDRESS:_____

1. Male _____ Female _____

WHAT WAS YOUR AGE AT YOUR LAST BIRTHDAY? (Circle number after appropriate age group).

60 - 64 Years _____ 80 - 84 Years _____

65 - 69 Years _____ 85 - 89 Years _____

70 - 74 Years _____ 90 and Over _____

75 - 79 Years _____

2. WHOM DO YOU LIVE WITH OR WHO LIVES WITH YOU? (Circle number after all that apply).

_____With Spouse
_____With Son or Daughter
_____With Parent or Parents
_____With Other Relatives
_____With a Non-Relative
_____As a Border
_____In a Foster Home
_____Living Alone

3. WHAT DO YOU THINK ABOUT YOUR PRESENT LIVING ARRANGEMENTS? HOW WOULD YOU RATE THESE ARRANGEMENTS?

_____Excellent
_____Good
_____Fair
_____Poor

4. DO YOU RENT? _____ BUYING _____
OWN _____ LIVE RENT FREE _____

5. AFTER YOUR COSTS FOR HOUSING, FOOD, CLOTHING, TRANSPORTATION AND MEDICAL EXPENSES, DO YOU HAVE MONEY LEFT FOR OTHER THINGS?

_____Yes _____No

6. DO YOU SPEND MONEY ON: (Circle all that apply).

_____Movies _____Theatres

_____Trips _____Gifts

_____Extras

7. HOW OFTEN DO YOU GO TO CHURCH?

_____Once a Week
_____Twice a Month
_____Once a Month
_____Once Every 6 Months
_____Once a Year
_____Once Every Two Years
_____Less Than Once Every 2 Years
_____Never Go

SENIOR CITIZEN SURVEY

8. WOULD YOU LIKE TO GO TO CHURCH MORE OFTEN THAN YOU DO?

_____Yes _____No

9. If yes, why don't you go?:

_____Transportation Problem
_____Poor Health
_____Need someone to go with me
_____(Specify)_____

10. WHAT SOCIAL EVENTS DO YOU ENJOY? (Circle as many as may apply).

_____Club Meetings
_____Church Outings
_____Parties With Friends
_____Family Gatherings
_____Workshops, Classes, Sewing Circle
_____Volunteer Work
_____Other (Specify)_____

11. DO YOU HAVE HOBBIES OR SPECIAL INTERESTS THAT KEEP YOU BUSY?

_____Yes _____No What are they?_____

12. DO YOU BELONG TO ANY CLUBS, CENTERS, CHURCH OR COMMUNITY GROUPS OF PERSONS LIKE YOURSELF?

_____No _____Yes

13. IF YES, WHAT ARE THE NAMES OF THE ORGANIZATIONS AND WHAT KINDS OF THINGS DOES THE GROUP DO?_____

14. WOULD YOU LIKE TO GO OUT AND BE WITH OTHER PEOPLE MORE THAN YOU PRESENTLY DO?

_____Yes _____No

15. If yes, why don't you?

_____Transportation Problem
_____Poor Health
_____Need Someone to Go With Me
_____Other (Specify) _____

16. NOW I'D LIKE TO ASK YOU ABOUT HOW YOU ARE FEELING. IN GENERAL WOULD YOU SAY THAT YOUR HEALTH WAS:

_____Very Good
_____Good
_____Fair
_____Poor
_____Very Poor

SENIOR CITIZEN SURVEY

17. HOW OFTEN DO YOU GENERALLY SEE A DOCTOR? (At a clinic, hospital, outpatient center, or doctor's office).

_____Once a Week
_____Twice a Month
_____Once a Month
_____Once Every 6 Months
_____Once a Year
_____Once Every Two Years
_____Less Than Once Every Two Years
_____Never Go (Explain):_____

_____

18. IF YOU SEE A DOCTOR ONLY ONCE A YEAR OR LESS, WHY DON'T YOU GO MORE OFTEN?

_____Too Expensive

_____Afraid He'll Find Something

_____Transportation Problems

_____Don't Like to Go

_____Don't Need to Go

_____Other (Specify)_____

19. DO YOU FEEL THAT YOU ARE GETTING ALL THE MEDICAL AND NURSING CARE AND MEDICINE THAT YOU NEED?

_____Yes _____No

20. ARE YOU SEEING A DENTIST AS OFTEN AS YOU THINK THAT YOU NEED TO?

_____Yes _____No

21. DO YOU THINK THAT IF YOU CHANGED WHERE YOU LIVE, YOUR HEALTH WOULD BE BETTER?

_____Yes _____No

22. DO YOU FEEL THAT IN GENERAL YOUR MEALS ARE ADEQUATE?

_____Most of the Time

_____More Often Than Not

_____Not Very Often

_____Hardly Ever, or Seldom

23. DO YOU HAVE PROBLEMS OR DIFFICULTIES GETTING MEALS OR SHOPPING FOR FOOD?

_____Yes _____No

SENIOR CITIZEN SURVEY

24. If yes, what are some of these problems?

_____Poor Health

_____Can't Get Outside

_____Store Too Far Away

_____Too Heavy to Carry

_____Bus Service Poor

_____Afraid of Being Robbed

_____Other (Specify)_____

25. DO YOU GENERALLY TAKE MEALS AT HOME HERE?

_____Yes _____No

26. IF YOU TAKE MEALS OUTSIDE, WHERE DO YOU USUALLY EAT?

_____At Home of a Relative

_____At Restaurants

_____At Home of a Friend

_____Hot Lunch Program

_____Other (Specify)_____

_____

27. WOULD YOU PREFER TO HAVE A HOT MEAL BROUGHT TO YOU AT HOME?

_____Yes _____No

28. DO YOU KNOW ABOUT THE FOOD STAMP PROGRAM?

_____Yes _____No

29. DO YOU USE FOOD STAMPS?

_____Yes _____No

30. DO YOU HAVE PROBLEMS WITH THE TRANSPORTATION SYSTEM?

_____Yes _____No

31. IF YES, WHAT DO YOU THINK IS WRONG? (Circle all that apply).

_____Bus Fare Too High
_____Bus Stop Too Far Away
_____Too Many Transfers
_____Buses Crowded
_____No Buses During the Day
_____Taxis Too Expensive
_____Taxis Want Come to House
_____Traffic Too Heavy
_____Long Time Between Buses
_____Other (Specify)_____

SENIOR CITIZEN SURVEY

32. WHICH OF THESE STATEMENTS DESCRIBES YOUR ABILITY TO GET ALONG ON YOUR INCOME? (Circle only one).

_____I can't make ends meet

_____I have just enough to get along, but nothing more

_____I have enough to get along on

_____My income is quite adequate to meet my needs

_____Other (Explain)_____

33. ARE YOU EMPLOYED NOW?

_____No

_____Yes, Full-time (35 hours or more per week)

_____Yes, Part-time (Less than 35 hours per week)

_____Yes, Sometimes (Odd jobs, baby-sitting, etc.)

34. ASK ALL PERSONS WHO HAVE RETIRED (Not working or now working):

What year did you retire?_____

How old were you then?_____

35. WHY DID YOU RETIRE?

_____Required by your employer at a certain age

_____Because the work became too difficult for you

_____Was it because you wanted to

_____Became ill or disabled

_____Other (Specify)_____

36. IF YOU HAD ENOUGH INSURANCE, INCOME, SAVINGS OR A GOOD PENSION TO PROVIDE YOU ALL THE THINGS YOU THINK YOU NEED AND YOU DID NOT HAVE TO WORK ANYMORE, WOULD YOU STILL WANT TO WORK ANYWAY?

_____Yes _____No

37. WHAT ARE YOUR PRESENT SOURCES OF INCOME? (Check any that apply).

_____Social Security Benefits
_____State Old Age Assistance
_____Own Earnings
_____Spouse's Earnings
_____Teacher's Retirement
_____Railroad Retirement
_____Veteran's Assistance
_____Public Assistance
_____Savings
_____Investments
_____Insurance
_____From Roomers or Boarders
_____Inheritance
_____Money From Children
_____Company Pensions
_____Other (Specify)_____

SENIOR CITIZEN SURVEY

38. WHAT IS YOUR APPROXIMATE TOTAL INCOME FOR 1971?

_____Under $1,000

_____Under $2,000

_____Under $4,000

_____Under $6,000

_____Over $6,000

39. WHAT WAS YOUR LAST GRADE OR SCHOOL THAT YOU COMPLETED?

1 2 3 4 5 6 7 8 (Grade School - Circle One)

9 10 11 12 (High School - Circle One)

13 14 15 16 (College - Circle One)

17 or More (Graduate School - Circle One)

40. WHEN WAS THE LAST TIME SOMEONE, EITHER FRIEND OR RELATIVE, CAME TO VISIT YOU IN YOUR HOME?

_____Just Today

_____During the Last 7 Days

_____One to Two Weeks Ago

_____Two Weeks to 1 Month Ago

_____ 1 to 6 Months Ago

_____Longer

41. WHEN WAS THE LAST TIME THAT YOU VISITED SOMEONE (FRIEND OR RELATIVE) IN THEIR HOME?

_____Just Today

_____During the Last 7 Days

_____One to Two Weeks Ago

_____Two Weeks to a Month Ago

_____One to Six Months Ago

_____Longer

NOW I WOULD LIKE TO ASK WHAT YOUR EXPERIENCES HAVE BEEN WITH PEOPLE WHOSE JOB IT IS TO HELP YOU (IF, AND WHEN YOU NEED IT).

*Interviewer: List by name the agency or work location as far as possible.

SENIOR CITIZEN SURVEY

42. I WOULD ALSO LIKE TO KNOW WHAT CONTACTS YOU HAVE HAD RECENTLY (IN THE LAST YEAR OR TWO) WITH PEOPLE WHOSE JOB IT IS TO HELP YOU?

Recreation Center_____

Health Clinic_____

Hospital_____

Public Assistance or Welfare_____

Visiting Nurses Association_____

Social Security Office_____

Social Agency, such as a Settlement House, Family Service, Friendly Visit, Etc._____

_____

City Employment Service_____

Fire Department_____

Police Department_____

Rescue Squad_____

Housing Office_____

_____

_____

43. DO YOU HAVE TROUBLE GETTING APPOINTMENTS TO SEE PEOPLE WHEN YOU NEED HELP?

_____No _____Yes _____Some of Them

Explain: _____

44. DO PEOPLE TAKE THE TIME TO EXPLAIN THINGS CLEARLY TO YOU?

_____No _____Yes _____Some of Them

Explain: _____

45. DO YOU FEEL THAT PEOPLE WHOSE JOB IT IS TO HELP YOU ARE CONCERNED ABOUT YOUR PARTICULAR PROBLEMS?

_____No _____Yes _____Some of Them

46. HAVE YOU BEEN TREATED WITH RESPECT, KINDNESS AND UNDERSTANDING WHEN YOU HAVE HAD CONTACTS WITH THESE PEOPLE WHO ARE SUPPOSE TO HELP YOU?

_____No _____Yes _____Some of Them

Explain: _____

SENIOR CITIZEN SURVEY

47. CAN YOU GET ANY HELP WHEN YOU TELEPHONE FOR SERVICES?

_____No _____Yes _____Some of Them

Explain: _____

48. DOES ANYONE FROM THE SERVICE AGENCIES COME TO SEE YOU HERE AT ANY TIME?

_____No _____Yes _____Some of Them

Explain: _____

49. DO YOU FEEL THAT YOU HAVE A REAL NEED FOR SOMETHING THAT YOU WANT BUT DON'T KNOW HOW TO GET IT OR WHERE TO ASK FOR IT?

_____No _____Yes _____Some of Them

Explain: _____

50. THESE ARE TOPICS DISCUSSED AT THE RECENT WHITE HOUSE CONFERENCE ON AGING. I WOULD LIKE FOR YOU TO TELL ME WHICH ONES REPRESENT PROBLEMS IN AREAS YOU YOURSELF THINK ARE OF MOST CONCERN TO YOU AND TO OTHER PEOPLE?

*Interviewer: Discuss this last question with respondent generally and mark answers to the best of your ability.

	Very Important	Somewhat Important	Not Important
Education	_____	_____	_____
Employment & Retirement	_____	_____	_____
Facilities Programs & Services	_____	_____	_____
Health	_____	_____	_____
Housing	_____	_____	_____
Income	_____	_____	_____
Nutrition	_____	_____	_____
Planning	_____	_____	_____
Research & Demonstration	_____	_____	_____
Retirement Roles & Activities	_____	_____	_____
Special Concerns of the Black Aged	_____	_____	_____
Spiritual Well-Being	_____	_____	_____
Training	_____	_____	_____
Transportation	_____	_____	_____

SENIOR CITIZEN SURVEY

TO BE FILLED OUT AFTER INTERVIEW

DATE OF INTERVIEW:_____ INTERVIEWER:_____

NAME OF RESPONDENT: (Optional)_____

ADDRESS: _____APT. #_____FLOOR_____

51. DESCRIPTION:

_____Institution

_____Public Housing

_____Private House

_____Apartment

_____Room

_____Hotel Room

_____Other (Specify)_____

52. TIME TAKEN FOR INTERVIEW:

Hour of Day	Day of Week
_____Before 10 A.M.	_____Monday
_____10 A.M. - 12 Noon	_____Tuesday
_____12 Noon - 4 P.M.	_____Wednesday
_____3 P.M. - 4 P.M.	_____Thursday
_____4 P.M. - After 8 P.M.	_____Friday
	_____Saturday
	_____Sunday

53. WHAT IS THE RACE OF THE RESPONDENT?

_____White

_____Black

_____Oriental

_____Other (Specify)

SENIOR CITIZEN SURVEY

54. WHAT IS THE ETHNIC GROUP OF THE RESPONDENTS?

_____Mexican-American

_____Puerto-Rican

_____Cuban

_____Italian

_____Afro-American

_____German

_____Chinese-Japanese

_____Jewish

_____Polish

_____American-Indian

_____Other (Specify)_____

55. WHAT IS THE GENERAL PHYSICAL CONDITION OF THE RESPONDENT?

_____Strong

_____Fairly Strong

_____Somewhat Unsteady and Feeble

_____Very Unsteady and Feeble

_____Ill

_____Seriously Ill

56. DOES THE RESPONDENT HAVE ANY MARKED PHYSICAL DISABILITY?

_____Yes

_____No

Describe:_____

_____

_____

SENIOR CITIZEN SURVEY

57. WHAT IS THE GENERAL STATE OF THE LIVING QUARTERS OF THE PERSON OR HOUSEHOLD INTERVIEWED?

_____Excellent _____Fair

_____Good _____Poor

58. DOES THE PERSON INTERVIEWED APPEAR TO BE:

Confused	_____Yes	_____No
Depressed	_____Yes	_____No
Upset	_____Yes	_____No

59. WHAT WAS THE RESPONDENT'S COMPREHENSION OF THE QUESTIONS OF THE INTERVIEW?

_____Quick and Correct

_____Slow But Correct

_____Slow and Sometimes Confused

_____Quick But Often Incorrect

_____Barely Able to Follow Questions

_____Impeded by Language Difficulties

Comments: DESCRIBE IN YOUR OWN WORDS YOUR IMPRESSION OF THE RESPONDENT, HIS OR HER GENERAL LIFE STYLE AND ANYTHING ELSE YOU THINK IS SIGNIFICANT.

Interviewer_____

Date Completed_____

12/71

INSTITUTE OF GERONTOLOGY

Federal City College - Office of Experimental Programs

SURVEY OF EMPLOYEES - I

NAME: _____

WORK LOCATION: _____

1. SEX: Female_____ Male_____

2. TYPE OF AGENCY:

_____Social Security
_____Social Services
_____Hospital or Health Service
_____Nursing Home
_____Recreation
_____Personal Care Home
_____Foster Home
_____Other (Specify)

3. AGE:
_____Under 18
_____18 - 25
_____26 - 35
_____36 - 45
_____46 - 55
_____56 - 65
_____Over 65

4. FAMILY STATUS: (Check all that apply).
_____Single
_____Living Alone
_____Living With Spouse
_____Living With Dependents Under 18
_____Living With Persons 65 or Over

5. EDUCATION:

	(Circle No. of Years Completed)			
_____Less Than High School				
_____High School	1	2	3	4
_____GED	1	2	3	4
_____College	1	2	3	4
_____Grad School	1	2	3	4
_____Other (Specify)				

6. SPECIAL TRAINING:

_____Nursing
_____Medicine
_____Laboratory
_____Recreation
_____Other (Specify)

7. WORKING HOURS:

Average Hours Per Week
_____Under 35
_____35 to 40
_____Over 40

Time of Work (Check One)
_____Office Hours
_____Day Shift
_____Afternoon Shift
_____Night Shift
_____Rotating Shifts

WHAT ARE YOUR ACTUAL WORKING HOURS?_____

8. RANGE OF SALARY OF WAGES:

_____Under $4,000 a Year
_____$ 4,000 - $ 5,999
_____$ 6,000 - $ 7,999
_____$ 8,000 - $ 9,999
_____$10,000 - $11,999
_____Over $12,000

SURVEY OF EMPLOYEES - I

9. HOW MUCH CONTACT IN YOUR PERSONAL LIFE DO YOU HAVE WITH FAMILY MEMBERS OF FRIENDS OVER 65?

_____Regular Daily
_____Regular Weekly
_____Occasional
_____Almost Never

10. JOB TITLE: _____

11. WHAT DO YOU DO ON THE JOB?_____ _____

_____

12. HOW MANY YEARS OF EXPERIENCE IN THE SAME TYPE OF WORK:
_____Under 1
_____1 - 3 Years
_____4 - 8 Years
_____9 -15 Years
_____16 Over

13. ABOUT HOW MUCH TIME ON YOUR JOB DO YOU WORK DIRECTLY WITH OLDER PERSONS?

_____Over 75% of Working Hours
_____About 50% to 75%
_____About 25% to 50%
_____Less Than 25%

14. HOW DO YOU LIKE WORKING WITH OLDER PERSONS?

_____Very Much
_____Somewhat
_____Not Much
_____Don't Really Like to Work with Older Persons
_____Age Doesn't Matter to Me

15. DO YOU HAVE ANY DIFFICULTIES WORKING WITH OLDER PERSONS?

_____Never
_____Not Very Often
_____Some of the Time
_____Most of the Time

16. Explain: _____

17. HERE ARE SOME REASONS WHY WORKERS TAKE MORE TRAINING IN EDUCATION. HOW DO YOU FEEL ABOUT MORE EDUCATION OR TRAINING? MORE TRAINING WOULD: (Check all those that apply).

_____Help Me in My Present Job
_____Help Me Get a Promotion
_____Prepare Me for a Different Job
_____Help Me Get a College Degree
_____Be a Waste of Time
_____Other (Specify)_____

18. WOULD YOU BE INTERESTED IN TRAINING OR EDUCATION IN GERONTOLOGY - THE SCIENCE OF AGING?

_____Very Much
_____Somewhat
_____A Little
_____Don't Know
_____Not At All

* IF ANSWER TO THE ABOVE IS DON'T KNOW OR NOT AT ALL, SKIP TO THE LAST QUESTION.

SURVEY OF EMPLOYEES - I

19. WHAT FACTORS WOULD INFLUENCE YOUR DECISION TO TAKE MORE TRAINING? (Check one answer to each statement).

I WOULD SIGN UP FOR TRAINING OR EDUCATION:

_____Only if tuition and other expenses including dependent care were fully subsidized
_____If tuition and other expenses including dependent care were partly subsidized
_____Even if I had to pay the full tuition myself
_____Other (Specify)_____

I WOULD PREFER TO ATTEND CLASSES:

_____Outside working hours and away from the job
_____Outside working hours if at job location
_____During working hours on approved leave time at any location
_____During working hours on approved leave but at-the-job location
_____Other (Specify)_____

20. WHICH OF THESE SUBJECT AREAS INTERESTS YOU MOST? (Check all according to interest).

Very Much	Somewhat	Not At All	
_____	_____	_____	Social Services to the Aging
_____	_____	_____	Legal Aspects of Aging
_____	_____	_____	Mental Health of Older Persons
_____	_____	_____	Physical Impairment & Rehabilitation
_____	_____	_____	Recreation & Leisure for Older Persons
_____	_____	_____	Politics & Legislation On Aging
_____	_____	_____	General Continuing Education
_____	_____	_____	Institution Management
_____	_____	_____	Nursing Home Management
_____	_____	_____	Foster Care Home Operation
_____	_____	_____	Other (Specify)_____

21. WHAT LEVEL COURSES WOULD YOU BE MOST INTERESTED IN?

_____High School
_____College
_____Graduate
_____Non-Credit
_____Specific Skill Training
_____Other (Specify)_____

22. WHAT ARRANGEMENT FOR TRAINING OR EDUCATION SUITS YOU BEST AT THE PRESENT TIME? (Check one in each column).

Class Length	Frequency	Duration of Training	Time
_____1 Hour	_____Everyday	_____1 Day	_____Day Time Weekdays 8 A.M. to 6 P.M.
_____2 Hours	_____Once A Week	_____1 Week	
_____½ Day	_____Once in 2 Weeks	_____2 Weeks	
_____1 Day	_____Once A Month	_____3 Weeks	_____Evenings Weekdays 6 P.M. to 10 P.M.
_____Other (Specify) _____	_____Once in 2 Months	_____1 Month	
	_____Once in 6 Months	_____2 Months	_____Saturdays
	_____Once A Year	_____3 Months	_____Sundays
	_____Other (Specify) _____	_____4 Months	
		_____5 Months	
		_____Other (Specify) _____	

SURVEY OF EMPLOYEES - I

23. WHICH WAYS OF TAKING TRAINING DO YOU PREFER? (Mark 3 choices below according to preference - 1 for 1st preference, 2 for 2nd and 3 for 3rd).

_____ One-Day Conference	1	2	3 (Circle Here)
_____ Ten-Week Credit Course	1	2	3 (Circle Here)
_____ Informal Workshop with Employees of Other Institutions or Agencies	1	2	3 (Circle Here)
_____ Lecture Series	1	2	3 (Circle Here)
_____ Practical On-the-Job Training (Such as Nursing Techniques, Interviewing, etc.)	1	2	3 (Circle Here)
_____ Special Short Courses	1	2	3 (Circle Here)
_____ Other (Specify)_____	1	2	3 (Circle Here)

24. WHAT SPECIAL TRAITS AND TRAINING OR EDUCATION DO YOU THINK A PERSON NEEDS TO WORK WELL WITH OLDER PEOPLE?

Explain:

Traits_____

Training or Education_____

COMMENTS:_____

EMPLOYEE SURVEY - II SOURCE OF SATISFACTION QUESTIONNAIRE

A. In telling how they feel about their jobs workers refer to the various kinds of things described below. They have varying importance to different workers. In thinking about the conditions that make a difference to your feelings of satisfaction on this job or others, which are of Primary, Secondary, or No Importance? Please check the appropriate places on this form before you proceed with the question on the attached check sheet.

Primary Importance	Secondary Importance	No Importance		
_____	_____	_____	1.	Opportunity to apply my education and experience.
_____	_____	_____	2.	Technical ability and skill of my co-workers.
_____	_____	_____	3.	The instructions or training I get to do my job.
_____	_____	_____	4.	Fringe benefits (hospitalization, pensions, insurance, sick leave, etc.)
_____	_____	_____	5.	Technical ability and skill of my supervisors.
_____	_____	_____	6.	Amount of wage or salary.
_____	_____	_____	7.	Opportunity to use my highest skills.
_____	_____	_____	8.	Recreational and social activities (bowling, golf, dances, Christmas party).
_____	_____	_____	9.	Attention to safety.
_____	_____	_____	10.	Training opportunities in connection with my job.
_____	_____	_____	11.	Awards for years of service.
_____	_____	_____	12.	Working conditions (lighting, heating. space, ventilation, noise).
_____	_____	_____	13.	Emphasis on high standards of workmanship.
_____	_____	_____	14.	Being represented by a union in collective bargaining.
_____	_____	_____	15.	The shift (hours of work).
_____	_____	_____	16.	Recognition for outstanding work or suggestions.
_____	_____	_____	17.	Knowing what is going on in the organization.
_____	_____	_____	18.	Location of the organization.

EMPLOYEE SURVEY - II SOURCE OF SATISFACTION QUESTIONNAIRE

Primary Importance	Secondary Importance	No Importance		
_____	_____	_____	19.	The importance of my job.
_____	_____	_____	20.	Helpfulness and teamwork of my fellow workers.
_____	_____	_____	21.	Tools, machines, equipment suited to the job.
_____	_____	_____	22.	The responsibility of my job.
_____	_____	_____	23.	The size of my organization.
_____	_____	_____	24.	Level of wages for my job as compared to other organizations.
_____	_____	_____	25.	Feeling that I'm paid on the basis of individual merit.
_____	_____	_____	26.	The seniority system.
_____	_____	_____	27.	Materials and supplies suited to the job.
_____	_____	_____	28.	Opportunity for advancement to more responsible work.
_____	_____	_____	29.	Personal advice on medical, legal or tax problems.
_____	_____	_____	30.	Opportunity to move to other jobs in the organization.
_____	_____	_____	31.	Providing an important human service.
_____	_____	_____	32.	The people I get to know on the job.
_____	_____	_____	33.	Supervisory help when needed.
_____	_____	_____	34.	Reputation of organization in community.
_____	_____	_____	35.	Financial support by the organization to get outside training.
_____	_____	_____	36.	A well run organization.
_____	_____	_____	37.	Working for a profit or non-profit (cross out one) organization.
_____	_____	_____	38.	Respect for me as a person.

B. Now, please go back and circle the numbers of those items that you believe have the most direct influence on the effectiveness of the service(s) you provide on your present job.

C. Now please go back and double check the number of the items you believe would have the strongest influence in causing you to change your job.

INSTITUTE OF GERONTOLOGY

Federal City College

AGENCY SURVEY - SERVICES TO THE AGING

AGENCY: _____

ADDRESS: _____

NAME OF RESPONDENT: _____ DATE: _____
(Optional)

POSITION: _____

1. BRIEFLY DESCRIBE PROGRAMS AND/OR SERVICES YOUR AGENCY NOW OFFERS OR PLANS TO OFFER TO OLDER PERSONS.

_____

_____

_____

2. HOW DOES YOUR AGENCY DEFINE ELIGIBILITY FOR SERVICES TO OLDER PERSONS?

_____Age Minimum Other (Specify)_____

3. ABOUT HOW MUCH OF YOUR TOTAL BUDGET IS ALLOCATED FOR SERVICES TO THE AGING? (Persons 65 years of age or more).

_____75% or Over _____25 to 50%

_____50 to 75% _____Less Than 25%

4. OF THE AMOUNT OF TIME SPENT SERVING OLDER PERSONS IN YOUR AGENCY, WHAT % OF TOTAL STAFF HOURS GOES INTO THE FOLLOWING KINDS OF WORK?

Administration _____%

Homemaker Service _____%

Health Service _____%

Transportation _____%

Recreation _____%

Education _____%

Social Service _____%

Legal Service _____%

Rehabilitation _____%

Food Services _____%

Training _____%

AGENCY SURVEY - SERVICES TO THE AGING

5. WHAT PROPORTION OF REQUESTS FOR SERVICE TO OLDER PERSONS ARE BEING MET BY YOUR AGENCY?

_____All requests are being met
_____Less than 75% of requests are being met
_____Less than 50% of requests are being met
_____Less than 25% of requests are being met

IF LESS THAN 50%, WHAT ARE THE REASONS?_____

_____

6. HOW MANY OF THE AGENCY"S CLIENTS (OR RESIDENTS) ARE 65 YEARS OF AGE OR MORE?_____

OF THIS NUMBER, ESTIMATE THE DISTRIBUTION ACCORDING TO AGE AND SEX.

AGE AGE	MALE TOTAL	MALE BLACK	MALE WHITE	FEMALE TOTAL	FEMALE BLACK	FEMALE WHITE
50 - 60	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

7. WHAT IS THE APPROXIMATE TURNOVER RATE OF EMPLOYEES IN YOUR AGENCY IN THE COURSE OF A YEAR? (Turnover means persons retired, left agency or deceased; who must be replaced).

_____% Professional & Technical
_____% Non-Professional
_____% Maintenance

8. HOW DOES YOUR AGENCY RECRUIT NEW EMPLOYEES? (Rank all that apply 1, 2, 3, 4, 5 - Most important to least important).

_____From within the Agency	1	2	3	4	5 (Circle Here)
_____From Other Agencies	1	2	3	4	5 (Circle Here)
_____From Colleges or Other Educational Institutions	1	2	3	4	5 (Circle Here)
_____Other (Explain)_____	1	2	3	4	5 (Circle Here)

_____ _____

9. DO YOU GIVE ANY TRAINING OR ORIENTATION TO NEW EMPLOYEES ABOUT WORKING WITH OLDER PERSONS?

_____Yes _____No

IF YES, WHAT IS THE CONTENT, LENGTH AND FREQUENCY OF THE TRAINING?_____

_____

_____

AGENCY SURVEY - SERVICES TO THE AGING

10. DOES YOUR AGENCY HAVE A NEED FOR TRAINING OR EDUCATION FOR CURRENT EMPLOYEES WORKING WITH THE AGED?

_____Yes _____No _____Possibly

Explain:_____

_____

_____

11. WHICH OF YOUR EMPLOYEES WOULD MOST BENEFIT FROM SOME ADDITIONAL SPECIALIZED TRAINING OR EDUCATION IN GERONTOLOGY? (Check all that apply).

_____Professional
_____Volunteers
_____Non-Professional
_____Technical
_____Other (Explain)_____

12. DOES YOUR AGENCY SUPPORT ANY OF THE FOLLOWING INCENTIVES FOR STAFF PARTICIPATION IN TRAINING OR EDUCATION? (Check all that apply).

_____Paid Leave

_____Unpaid Leave

_____On-the-Job Training

_____Grade Increase After Training

_____Salary Increase After Training

_____Tuition Subsidies

_____Donation of Space for Classes

_____Instructor of Training for Employees

_____Purchase of Training for Employees

_____Other (Specify)_____

13. BELOW ARE SOME SUGGESTED TITLES FOR GERONTOLOGY TRAINING OR EDUCATION. CHECK ALL THAT YOU CONSIDER APPLICABLE FOR YOUR AGENCY STAFF TRAINING. OTHER SUGGESTIONS ARE INVITED.

_____Home Care of Aging
_____Extended Care Home Operation
_____Foster Home Operation
_____Institution Management
_____New Careers for Older Persons
_____Psychology of Aging
_____Economics of Aging
_____Other (Specify)
_____Retirement & Old Age Preparation
_____Politics & Aging
_____Community Resources
_____Functional Impairment In Aging
_____Older Persons & Family Dynamics
_____Review of Research In Gerontology
_____Special Diseases & Effects On the Aging

AGENCY SURVEY - SERVICES TO THE AGING

14. WHAT TIME SCHEDULES FOR TRAINING OR EDUCATION OF YOUR EMPLOYEES IN GERONTOLOGY WOULD YOUR AGENCY PREFER?

A. FOR PROFESSIONAL & TECHNICAL EMPLOYEES (Check one in each column).

Class Length	Frequency	Duration of Training	Time
_____1 Hour	_____Everyday	_____1 Day	_____Day Time Weekdays 8 A.M. to 6 P.M.
_____2 Hours	_____Once A Week	_____1 Week	_____Evenings Weekdays 6 - 10 P.M.
_____½ Day	_____Once in 2 Weeks	_____2 Weeks	_____Saturdays
_____1 Day	_____Once A Month	_____3 Weeks	_____Sundays
_____Other (Specify) _____	_____Once in 2 Months	_____1 Month	
	_____Once in 6 Months	_____2 Months	
	_____Once A Year	_____3 Months	
	_____Other (Specify) _____	_____4 Months	
		_____5 Months	
		_____Other (Specify)_____	

B. TRAINING FOR NON-PROFESSIONAL EMPLOYEES (Check one in each column).

Class Length	Frequency	Duration of Training	Time
_____1 Hour	_____Everyday	_____1 Day	_____Day Time Weekdays 8 A.M. to 6 P.M.
_____2 Hours	_____Once A Week	_____1 Week	_____Evenings Weekdays 6 to 10 P.M.
_____½ Day	_____Once in 2 Weeks	_____2 Weeks	_____Saturdays
_____1 Day	_____Once A Month	_____3 Weeks	_____Sundays
_____Other (Specify) _____	_____Once in 2 Months	_____1 Month	
	_____Once in 6 Months	_____2 Months	
	_____Once a Year	_____3 Months	
	_____Other (Specify) _____	_____4 Months	
		_____5 Months	

AGENCY SURVEY SUPPLEMENT FOR OWNER - MANAGED PERSONAL CARE HOMES

Many of the questionnaires on the Institute Agency Survey do not cover the special circumstances of Personal Care Homes, Small Nursing Homes, Foster Homes. We would appreciate it if the operators of such homes would answer the following supplemental questions.

15. WHAT ARRANGEMENTS DO YOU HAVE FOR FREE TIME FOR YOURSELF?

_____Hire somebody to come in for a while
_____Leave patients alone
_____Regular arrangements so that I have free time

16. WHEN YOU HAVE A VACANT PLACE IN YOUR HOME, HOW DO YOU GO ABOUT FINDING SOMEONE TO FILL THAT PLACE?

_____Call Welfare Social Worker
_____Advertise in Newspapers
_____Call Health Department of Hospital
_____Ask Around Among Friends

17. HOW DO YOU DIVIDE YOUR TIME DURING THE TYPICAL DAY?

_____Hours - Nursing & Health Care
_____Hours - Transporting Residents to Doctor or Other Visits
_____Hours - Buying, Preparing & Serving Food
_____Hours - General Cleaning and Maintenance
_____Hours - Paper Work, Phone Calls, Bill Paying, and Other Administrative Duties
_____Hours - Rest While Off Duty
_____Hours - Rest While On Duty
_____Other (Explain)

18. DO YOU GET OUTSIDE HELP OF ANY KIND IN CARING FOR THE OLDER PERSONS IN YOUR HOME?

_____No _____Yes

If so, is it?:
_____Temporary Help
_____Occasional Help
_____Regular Help
_____Volunteer Help
_____Other (Explain)_____

20. WHAT KIND OF EDUCATION OR TRAINING WOULD BE MOST INTERESTING AND HELPFUL TO YOU IN MANAGING YOUR PRESENT HOME CARE BUSINESS? (Check all according to interest).

Very Much	Somewhat	Not at All	
_____	_____	_____	Social Services to the Aging
_____	_____	_____	Legal Aspects of Aging
_____	_____	_____	Mental Health & Older Persons
_____	_____	_____	Physical Impairment & Rehabilitation
_____	_____	_____	Recreation & Leisure for Older Persons
_____	_____	_____	Politics & Legislation on Aging
_____	_____	_____	General Continuing Education
_____	_____	_____	Institution Management
_____	_____	_____	Nursing Home Management
_____	_____	_____	Foster Care Home Operation
_____	_____	_____	Other (Specify)_____

PLEASE INDICATE BY COMPLETING THE FOLLOWING CHART, THE NUMBER OF WORKERS DIRECTLY GIVING SERVICES IN YOUR AGENCY TO OLDER PERSONS BY JOB TITLES, FULL OR PART-TIME, VACANCIES, PROJECTED VACANCIES, AND PROJECTED NEW JOBS. (FULL-TIME IS DEFINED AS 35 OR MORE HOURS PER WEEK AND PART-TIME IS DEFINED AS LESS THAN 35 HOURS PER WEEK.)

OCCUPATIONAL TITLES	# OF EMPLOYEES NOW ON PAYROLL		PRESENT JOB VACANCIES				PROJECTED JOB VACANCIES 1972		PROJECTED NEW JOBS FOR 1972	
			UNDER 30 DAYS		OVER 30 DAYS					
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME

APPENDIX II

SU:412 4 Hours Wednesday-Friday 6-8 P.M. Dr. Wang T-14(1343 H St., N.W.) 8th Floor

Federal City College
Fall Quarter 1971

Course Outline
SPECIAL RESEARCH SEMINAR IN SOCIAL PLANNING FOR THE ELDERLY

For Juniors and Seniors majoring in Social Sciences. No pre-requisites. Lectures and discussions in theory and methods of Social Science Research and laboratory practice relating to a survey of community services for the elderly sponsored by the Institute of Gerontology, Office of Experimental Programs.

Students have been selected. Registration is closed and this course will not appear on the open schedule.

OUTLINE OF CURRICULUM

(1) Orientation to research principles as related to Social Sciences. Methods used in research projects.

(2) Definitions of research instrument, sampling, collection of data, interpretation and use of data, etc.

(3) Familiarization with the specific goals of the practicum survey and its relation to the planning and development of curriculum for the Federal City College Institute of Gerontology and the intended application of results.

(4) Practical techniques of interviewing and special instruction on administering the survey instruments to service agencies,workers in services to the aging, older persons living in private homes, apartments, public housing and institutions.

(5) Discussion and critique of survey methods and techniques employed, significance of results obtained and applicability of data to the problem presented in curriculum development.

OUTLINE OF PRACTICUM

Survey instrument and details of population to be interviewed will be predetermined by the staff and consultants of the Institute. Interviewing techniques and familiarization with the questionnaires will be practiced by role playing and pretesting among the students and Senior Citizens. Both students and Senior Citizens will conduct interviews and complete the collection of data. Under guidance from the course instructor and staff, students will assemble data for interpretation and assist in arriving at conclusions relative to curriculum development.

APPENDIX III

Summary of Student's Comments on the Interviewing Experience

A. Interviewing agency operators and employees

Larger agencies not very cooperative, reluctant to talk about their programs for elderly.

Some employees fearful of losing jobs if they talk to interviewers.

Most personal care home operators warm and concerned; interested in giving better services; pressured by lack of time and money.

B. Interviewing elderly

Very rewarding experience; students felt useful just talking to subjects; subjects very lonely.

Amazing that aged can manage to live on so little money.

Many subjects proud, dignified, uncomplaining.

Better-off subjects less cooperative than those less well-off.

Some subjects tired of answering same questions all the time and never getting any real help in their needs.

C. Government policies which should be instituted or changed:

Increase income to elderly: welfare, pensions, social security, grants, etc.

Provide better services: transportation, recreation, health, housing, etc.

Provide more Senior Centers.

Set up information Centers or Clearing House on Services to Elderly.

Eliminate taxes or refund taxes to elderly.

D. Recommendations for other research efforts

Shorten questionnaires.

Make appointments with interviewees, especially agency personnel.

Use interviewers who are free during the day.

Make better selections of areas of city for sampling to reduce time spent in searching for subjects.

Locate subjects living alone and independently, not in public housing or nursing home, since they are most isolated and neglected.

Further investigation needed on "Are agencies dealing with elderly doing their jobs?" and " How could better communication with older persons be developed?"

E. Suggestions for curriculum

Problems of aging, services to aged, psychology of aging, recreation for elderly, nutrition for elderly, legal services for elderly, health services for elderly, aging without fear, planning for growing old, how to communicate with elderly, practicum: direct service to elderly by students.

INDIVIDUAL STUDENT'S
REPORT ON DATA COLLECTION

In surveying the personal care homes, I found that in most of them there was only one employee. The one employee was "operator and owner." In some instances, a relative helped with some of the work.

All of the personal care homes are, of course, operated on a 24-hour a day basis. Some of the clients can do very little for themselves and require medication and other care during the night, which means the operator/owner must be on a 24-hour call. The operators explained to me that they could not hire anyone to help them regularly, not even part-time, because the money paid to them by the Welfare Department was barely enough for the up-keep of the clients.

Most of the operators were reluctant to give information relative to how the money was spent. Those who did, said that 75-100% of the total budget was spent for client services; yet, they were hard put to answer just what kind of services they offered to the clients. Only one of the operators that I talked to said that less than 75% of the total budget was used for client services.

Many of the operators seemed to be quite dedicated to their work and seemed to have the client's best interest in mind. These are the ones who were most cooperative in the interview process and were eager to learn new and better ways in which they could serve their clients. They indicated a strong interest in taking courses in gerontology and PCH management, even if they had to pay their own way. These operators felt that courses in gerontology could broaden their knowledge and understanding of the clients they serve and enable them to be more effective in providing the services that they provide. They also felt that there was great need for improvement in the area of management, particularly those aspects of management that affect the budget. Several operators spoke to me about how they had to abandon new ideas on improving their services for the clients because of an inadequate budget. The operators also felt that with more education, they could demand more money for their services.

There were some who stated they were definitely not interested in taking any courses of any kind. Various reasons were given for their lack of interest. Here are some of them: (1) don't have time; (2) a waste of time; (3) already know what to do for the clients and also how to do it; (4) it won't bring any more money. The operators who gave answers like these are the ones who were reluctant to take part in the interview from the start. During the interview, they gave as little information as they could; but in the course of conversation, they revealed quite a bit about themselves and their attitudes toward the clients they serve. It seemed that they have no real interest in providing a service to the aged. Their chief concern seemed to be remaining in operation by keeping order on the surface for the unexpected tours of "inspection" by the Welfare Department. Some of the operators were deeply concerned about getting more "twos" and less "ones." I asked one operator what was meant by "ones" and "twos" and she explained to me that the Welfare Department used a numbering system to determine the size of the monthly check given for a client's care. The size of the check is determined by the client's physical and mental capacity, i.e. a "one" would be in fairly good mental and physical condition according to the Welfare Department and they would only pay slightly more than $100.00 per month for his care. A "two" would require more attention and help, and the Department would pay slightly more than $200.00 per month for his care.

The operators also expressed concern over the fact that the Department is reluctant to place "threes" in PCH's. They felt that the reason for this was the Department's reluctance to pay personal care home owners to care for these clients (slightly more than $300.00 per client per month).

Some of the personal care homes were neatly furnished, well kept and had a very cheerful atmosphere. There were others, however, that were rather dreary in appearance inside and out, in that they were rather cheaply furnished (furnishings were rather old and battered), ill kept, and rather dimly lighted -- even during the day.

The majority of the PCH's had only TV and radio for their clients' recreation. A few had quite a variety of activities, varying with the interest of the clients. Very few of the operators ever take their clients out to social events, i.e. theatres, neighborhood centers, or just outside for a walk around. One operator said that she only provided TV and radio because this all her clients are interested in. When I asked if she had tried to interest them in anything else or to find out from them what some of their interests might be, she answered that "if they had other interests they would tell me."

The most interesting and enjoyable part of the survey was interviewing senior citizens themselves. I talked to men and women from age 65-88 and one person who was 91 years of age. All of them were more alert than I had expected and were very eager to talk to me. They had relatively little trouble comprehending the questions and gave answers to each without hestitation. I had trouble in some instances getting the answers to questions pertaining to income.

Nearly all of the senior citizens suffered from chronic health problems. Most of them, in answering questions about their health, stated that their health was anywhere from fair to excellent. Yet, when asked reasons for retiring, not going out more often, or reasons for giving up certain activities, over half of them answered that this was because of <u>poor</u> health.

One interviewee, a male, insisted that he was in good health, but stated that he saw a doctor twice a month for treatment of diabetes and "a problem with my back." Hardly any of the senior citizens that I spoke with were visiting a dentist as regularly as they should, and many of them not at all.

In certain areas of the city, the senior citizens were very responsive. In some areas, there was great reluctance to participate in the interview. In one area that I covered (a ten-square-block area), I only got one interview. In another area (much smaller than the first), I got five interviews.

Some of the senior citizens were in deplorable situations regarding housing, health, food, and money. Many of them were not aware of the services that are provided to help them. Others did not know where to go or how to go about taking advantage of services.

The majority of interviewees were women. It seems that for every two males interviewed (or approached for interview), there were about ten women.

Most of them were living alone; a few lived with a relative (son or daughter). Out of the total smapling taken by me, not one of the interviewees lived with a spouse. In most instances, the spouse was deceased. All senior citizens interviewed by me were living in rented quarters.

Practically all of this group's activities were centered around the church, and all who attended church said that they went at least once a month. Some of them never left their homes except to go to the clinics or to shop for food. They expressed a fear of being on the streets alone whether in the day time or at night.

Transportation seemed to be a problem for virtually all of them. They expressed the feeling that bus and taxi fares are too high; bus stops too far from where they live; and that they experience difficulty in getting taxis to stop and pick them up. One lady said she often missed medical appointments because "it's an all day thing, which is very trying and tiring." She has to take three different buses, often with long waits in between, to get to the clinic. Then she has to sit and wait for hours after she gets there and take the same long bus ride back home. She also mentioned that sometimes she gets very hungry sitting and waiting, but she is afraid to go out and try and get food for fear her name may be called while she is out. I asked her if it would not be a lot simpler to take a taxi, and she explained that she could not afford to pay the high taxi fares.

It seems that those who live in special housing for the aged experience less of these frustrations. The two that I visited had a doctor on the premises; transportation provided to and from grocery store (in one there was even a small Co-op where they could purchase small items in between shopping trips) and transportation to church. The rents were adjusted according to incomes, and the buildings appeared to be well maintained.

RECOMMENDATIONS:

Federal City College should offer courses in the process of aging and the problems associated with it from both a psychological and sociological perspective, courses that provide a basic knowledge of the various theories of aging and allow the opportunity to test out theories, negative stereotypes, institutional care of the aged. Also, courses should be offered that deal with the problems that the aged are faced with in the family, neighborhood, in nursing home facilities, retirement problems, income, etc.

More subsidized housing should be provided for the aged population but without isolating them from other age groups. Some of the elderly find it very depressing to be living in a setting where only elderly people live. There are others, however, who prefer to be around only those people in their own age group.

Special transportation arrangements should be made for those who encounter difficulty with public transportation. Particularly, in those cases where transportation is needed to obtain medical care.

All personal care home owners should be required to provide more than the basic needs for survival for their clients. However, better service would be most cases require a more adequate budget for the operation of personal care homes.

There is need for some sort of information system whereby senior citizens can be made aware of the services available to them and the means of obtaining these services.

Jo Annette David
SU-412 -- Dr. Wang
February 10, 1972

APPENDIX IV
FUNCTIONAL JOB ANALYSIS SCALES
SCALES OF GENERAL EDUCATIONAL DEVELOPMENT*

REASONING DEVELOPMENT SCALE

The Reasoning Development Scale is concerned with knowledge and ability to deal with theory versus practice, abstract versus concrete, and many versus few variables.

LEVEL	DEFINITION
1	. Have the common sense understanding to carry out simple one-or two-step instructions in the context of highly standardized situations. . Recognize unacceptable variations from the standard and take emergency action to reject inputs or stop operations.
2	. Have the common sense understanding to carry out detailed but uninvolved written or oral instructions. . Deal with problems involving a few concrete variables in or from standardized situations.
3	. Have the common sense understanding to carry out instructions furnished in written, oral, or diagrammatic form. . Deal with problems involving several concrete variables in or from standardized situations.
4	. Have knowledge of a system or interrelated procedures, such as bookkeeping, internal combustion engines, electric wiring systems, nursing, farm management, ship sailing, or machining. . Apply principles to solve practical, everyday problems and deal with a variety of concrete variables in situations where only limited standardization exists. . Interpret a variety of instructions furnished in written, oral, diagrammatic, or schedule form.
5	. Have knowledge of a field of study (engineering, literature, history, business administration) having immediate applicability to the affairs of the world. . Define problems, collect data, establish facts, and draw valid conclusions. . Interpret an extensive variety of technical material in books, manuals, texts, etc. . Deal with some abstract but mostly concrete variables.
6	. Have knowledge of a field of study of the highest abstractive order (e.g., mathematics, physics, chemistry, logic, philosophy, art criticism). . Deal with nonverbal symbols in formulas, equations, or graphs. . Understand the most difficult classes of concepts. . Deal with a large number of variables and determine a specific course of action (e.g., research, production) on the basis of need.

* These scales have been modified and adapted by Sidney A. Fine from a table of "General Educational Development" in third edition, Dictionary of Occupational Titles, Vol. II (Washington: 1965), p. 652 and reproduced here from "An Introduction to Functional Job Analysis," p. 31 ff.

LANGUAGE DEVELOPMENT SCALE

The Language Development Scale is concerned with knowledge and ability to deal with oral or written language materials from simple instructions to complex sources of information and ideas.

LEVEL	DEFINITION
1	. Cannot read or write but can follow simple oral, "pointing out" instructions. . Sign name and understand ordinary, routine agreements when explained, such as those relevant to leasing a house; employment (hours, wages, etc.); procuring a driver's license. . Read lists, addresses, safety warnings.
2	. Read comic books, "true confession" or "mystery" type magazines (short sentences; simple concrete vocabulary; words that avoid complex Latin derivations). . Converse with service personnel (waiters, ushers, cashiers). . Copy verbal records precisely without error. . Keep taxi driver's trip record.
3	. Read material on level of the Reader's Digest and straight news reporting in popular "mass" newspapers. . Comprehend ordinary newscasting (uninvolved sentences and vocabulary with focus on events rather than on their analysis). . Copy verbal material from one record to another, catching gross errors in grammar. . Fill in report forms, such as Medicare forms, employment applications, and card form for income tax. . Conduct house-to-house surveys to obtain common census-type information or market data, such as preferences for commercial products in everyday use.
4	. Have language ability to take and transcribe dictation, make appointments, and sort, route, and file the mail according to subject. . Write routine business correspondence reflecting standard procedures. . Interview job applicants to determine work best suited for their abilities and experience; contact employers to interest them in services of agency. . Understand technical manuals and verbal instructions, as well as drawings and specifications, associated with practicing a craft. . Guide people on tours through historical or public buildings, tell relevant anecdotes, etc. . Conduct opinion research surveys involving stratified samples of the population.
5	. Write instructions for assembly of prefabricated parts into units. . Write instructions and specifications concerning proper use of machinery. . Write copy for advertising. . Report news for the newspaper, radio, or TV. . Prepare and deliver lectures for audiences that seek information about the arts, sciences, and humanities in an informal way. . Report, write, or edit articles for magazines which, while popular, are of a highly literate nature (e.g., New Yorker, Saturday Review, Scientific American).

LEVEL	DEFINITION
6	. Report, write, or edit articles for technical and scientific journals or journals of advanced literary criticism (e.g., Journal of Educational Sociology, Science, Physical Review, Daedalus). . Prepare and draw up deeds, leases, wills, mortgages, and contracts. . Prepare and deliver lectures on politics, economics, education, or science to specialized students and/or professional societies. . Comprehend and apply technical engineering data for designing buildings and bridges. . Comprehend and discuss literary works of a highly symbolic nature, such as works in logic and philosophy (e.g., Kant, Whitehead, Russell).

MATHEMATICAL DEVELOPMENT SCALE

The Mathematical Development Scale is concerned with knowledge and ability to deal with mathematical problems and operations from counting and simple addition to higher mathematics.

LEVEL	DEFINITION
1	. Counting to simple addition and subtraction; reading, copying and/or recording of figures.
2	. Use arithmetic to add, subtract, multiply, and divide whole numbers.
3	. Make arithmetic calculations involving fractions, decimals, and percentages.
4	. Perform ordinary arithmetic, algebraic, and geometric procedures in standard practical applications.
5-6	. Have knowledge of advanced mathematical and statistical techniques such as differential and integral calculus, factor analysis, and probability determination. . Work with a wide variety of theoretical mathematical concepts. . Make original applications of mathematical procedures, as in empirical and differential equations.

DATE FUNCTION SCALE

The arabic numbers assigned to definitions represent the successive levels of this ordinal scale. The A, B, and C definitions are variations on the same level. There is no ordinal difference between A, B, and C definitions on a given level.

LEVEL	DEFINITION
	COMPARING
1	Selects, sorts, or arranges data, people, or things, judging whether their readily observable functional, structural, or compositional characteristics are similar to or different from prescribed standards.
	COPYING
2	Transcribes, enters and/or posts data, following a schema or plan to assemble or make things and using a variety of work aids.
	COMPUTING
3A	Performs arithmetic operations and makes reports and/or carries out a prescribed action in relation to them.
	COMPILING
3B	Gathers, collates, or classifies information about data, people, or things, following a schema or system but using discretion in application.
	ANALYZING
4	Examines and evaluates data (about things, data, or people) with reference to the criteria, standards and/or requirements of a particular discipline, art, technique, or craft to determine interaction effects (consequences) and to consider alternatives.
	INNOVATING
5A	Modifies, alters, and/or adapts existing designs, procedures, or methods to meet unique specifications, unusual conditions, or specific standards of effectiveness within the overall framework of operating theories, principles, and/organizational contexts.
	COORDINATING
5B	Decides time, place and sequence of operations of a process, system, or organization, and/or the need for revision of goals, policies (boundary conditions), or procedures on the basis of analysis of data and of performance review of pertinent objectives and requirements. Includes overseeing and/or executing decisions and/or reporting on events.
	SYNTHESIZING
6	Takes off in new directions on the basis of personal intuitions, feelings, and ideas (with or without regard for tradition, experience, and existing parameters) to conceive new approaches to or statements of problems and the development of system, operational, or aesthetic "solutions" or "resolutions" of them, typically outside of existing theoretical, stylistic, or organizational context.

PEOPLE FUNCTION SCALE

The arabic numbers assigned to definitions represent the successive levels of this ordinal scale. The A, B, and C definitions are variations on the same level. There is no ordinal difference between A, B, and C definitions on a given level.

LEVEL	DEFINITION
	TAKING INSTRUCTIONS-HELPING
1A	Attends to the work assignment, instructions, or orders of supervisor. No immediate response or verbal exchange is required unless clarification of instruction is needed.
	SERVING
1B	Attends to the needs or requests of people or animals, or to the expressed or implicit wishes of people. Immediate response is involved.
	EXCHANGING INFORMATION
2	Talks to , converses with, and/or signals people to convey or obtain information, or to clarify and work out details of an assignment within the framework of well-established procedures.
	COACHING
3A	Befriends and encourages individuals on a personal, caring basis by approximating a peer or family type relationship either in a one-to-one or small group situation; gives instruction, advice and personal assistance concerning activities of daily living, the use of various institutional services, and participation in groups.
	PERSUADING
3B	Influences others in favor of a product, service, or point of view by talks or demonstrations.
	DIVERTING
3C	Amuses to entertain or distract individuals and/or audiences or to lighten a situation.
	CONSULTING
4A	Serves as a source of technical information and gives such information or provides ideas to define, clarify, enlarge upon, or sharpen procedures, capabilities, or product specifications (e.g., informs individuals/families about details of working out objectives such as adoption, school selection, and vocational rehabilitation; assists them in working out plans and guides implementation of plans).
	INSTRUCTING
4B	Teaches subject matter to others or trains others, including animals, through explanations, demonstration, and test.

LEVEL	DEFINITION
	TREATING
4C	Acts on or interacts with individuals or small groups of people or animals who need help (as in sickness) to carry out specialized therapeutic or adjustment procedures. Systematically observes results of treatment within the framework of total personal behavior because unique individual reactions to prescriptions (chemical, physical, or behavorial) may not fall within the range of prediction. Motivates, supports, and instructs individuals to accept or cooperate with therapeutic adjustment procedures when necessary.
	SUPERVISING
5	Determines and/or interprets work procedure for a group of workers; assigns specific duties to them (delinearing prescribed and discretionary content); maintains harmonious relations among them; evaluates performance (both prescribed and discretionary) and promotes efficiency and other organizational values; makes decisions on procedural and technical levels.
	NEGOTIATING
6	Bargains and discusses on a formal basis as a representative of one side of a transaction for advantages in resources, rights, privileges, and/or contractual obligations, "giving and taking" within the limits provided by authority or within the framework of the perceived requirements and integrity of a program.
	MENTORING
7	Works with individuals having problems affecting their life adjustment in order to advise, counsel, and/or guide them according to legal, scientific, clinical, spiritual, and/or other professional principles. Advises clients on implications of analyses or diagnoses made of problems, courses of action open to deal with them, and merits of one strategy over another.

THINGS FUNCTION SCALE

Things should be understood to refer to tangibles. In jobs where tangibles are not involved in a major way, they are at least present in the casual use of desktop equipment (pencils, telephones, etc.) or such items as blackboards, chalk, etc. It is important to note that workers primarily involved with Data or People are also involved with tangibles in this way but on a very low level.

LEVEL	DEFINITIONS
	HANDLING
1A	Works (cuts, shapes, assembles, etc.) digs, moves or carries objects or materials where objects, materials, tools, etc., are one or few in number and are the primary involvement of the worker. Precision requirements are relatively gross. Includes the use of dollies, handtrucks, and the like. (Use this rating for situations involving casual use of tangibles).

LEVEL	DEFINITION
	FEEDING-OFFBEARING
1B	Inserts, throws, dumps, or places materials into, or removes them from, machines or equipment which are automatic or tended/operated by other workers. Precision requirements are built in, largely out of control of worker.
	TENDING
1C	Starts, stops and monitors the functioning of machines and equipment set up by other workers where the precision of output depends on keeping one to several controls in adjustment, in response to automatic signals according to specifications. Includes all machine situations where there is no significant setup or change of setup, where cycles are very short, alternatives to nonstandard performance are few, and adjustments are highly prescribed. (Includes electrostatic and wet-copying machines and PBX switchboards).
	MANIPULATING
2A	Works (cuts, shapes, assembles, etc.) digs, moves, guides, or places objects or materials where objects, tools, controls, etc., are several in number. Precision requirements range from gross to fine. Includes waitting on tables and the use of ordinary portable power tools with interchangeable parts and ordinary tools around the home, such as kitchen and garden tools.
	OPERATING-CONTROLLING
2B	Starts, stops, controls, and adjusts a machine or equipment designed to fabricate and/or process data, people, or things. The worker may be involved in activating the machine, as in typing or turning wood, or the involvement may occur primarily at startup and stop as with a semiautomatic machine. Operating a machine involves readying and adjusting the machine and/or material as work progresses. Controlling equipment involves monitoring gauges, dials, etc., and turning valves and other devices to control such items as temperature, pressure, flow of liquids, speed of pumps, and reactions of materials. Includes the operation of typewriters, mimeograph machines, and other office equipment where readying or adjusting the machine requires more than cursory demonstration and checkout. (This rating is to be used only for operations of one machine or one unit of equipment.
	DRIVING-CONTROLLING
2C	Starts, stops, and controls the actions of machines for which a course must be steered or guided in order to fabricate, process, and/or move things or people. Actions regulating controls require continuous attention and readiness of response. (Use this rating if use of vehicle is required in job, even if job is concerned with people or data primarily).

LEVEL	DEFINITION
	PRECISION WORKING
3A	Works, moves, guides, or places objects or materials according to standard practical procedures where the number of objects, materials, tools, etc., embraces an entire craft and accuracy expected is within final tolerances established for the craft. (Use this rating where work primarily involves manual or power handtools).
	SETTING UP
3B	Installs machines or equipment; inserts tools; alters jigs, fixtures, and attachments; and/or repairs machines or equipment to ready and/or restore them to their proper functioning according to job order or blueprint specifications. Involves one or a number of machines for other workers or for worker's own operation.

SCALE OF WORKER INSTRUCTIONS

LEVEL	DEFINITION
1	. Inputs, outputs, tools, equipment, and procedures are all specified. Almost everything the worker needs to know is contained in his assignment. He is supposed to turn out a specified amount of work or a standard number of units per hour or day.
2	. Inputs, outputs, tools, and equipment are all specified, but the worker has some leeway in the procedures and methods he can use to get the job done. Almost all the information he needs is in his assignment. His production is measured on a daily or weekly basis.
3	. Inputs and outputs are specified, but the worker has considerable freedom as to procedures and timing, including the use of tools and equipment. He has to refer to several standard sources for information (handbooks, catalogs, wall charts). Time to complete a particular product or service is specified, but this varies up to several hours.
4	. Output (product or service) is specified in the assignment, which may be in the form of a memorandum or of a schematic (sketch or blueprint). The worker must work out his own ways of getting the job done, including selection of tools and equipment, sequence of operations (tasks), and obtaining important information (handbooks, etc.). He may either carry out work himself or set up standards and procedures for others.
5	. Same as (4) above, but in addition the worker is expected to know and employ theory so that he understands the whys and wherefores of the various options that are available for dealing with a problem and can independently select from among them. He may have to do some reading in the professional and/or trade literature in order to gain this understanding.

LEVEL	DEFINITION
6	. Various possible outputs are described that can meet stated technical or administrative needs. The worker must investigate the various possible outputs and evaluate them in regard to performance characteristics and input demands. This usually requires his creative use of theory well beyond referring to standard sources. There is no specifications of inputs, methods, sequences, sources, or the like.
7	. There is some question as to what the need or problem really is or what directions should be pursued in dealing with it. In order to define it, to control and explore the behavior of the variables, and to formulate possible outputs and their performance characteristics, the worker must consult largely unspecified sources of information and devise investigations, surveys, or data analysis studies.
8	. Information and/or direction comes to the worker in terms of needs (tactical, organizational, strategic, financial). He must call for staff reports and recommendations concerning methods of dealing with them. He coordinates both organizational and technical data in order to make decisions and determinations regarding courses of action (outputs) for major sections (divisions, groups) of his organization.

APPENDIX V

VISITS TO INSTITUTIONS & CONFERENCES
1971-1972

Oregon Center for Gerontology
Consultations with: Mr. Marvin M. Janzen
Dr. Frances G. Scott and Others

Gerontology Center at the University of Southern California
Consultations with: Dr. Ruth B. Weg
Dr. James Birren and Others

School of Social Welfare at the University of California at Berkeley
Consultations with: Miss Billie Jo Raines
Mrs. Mary O'Day and Others

Merritt College at Oakland, California
Consultations with: Mrs. Elsa Bogosian
Mr. Louis Kuplan

Institute of Gerontology at University of Michigan - Wayne State
Consultations with: Dr. Herbert W. Vasey - University of Michigan
Mr. Robert Huber - University of Michigan
Miss Laura Harper - Wayne State University
Dr. Robert J. Kastenbaum - Wayne State University
and Others

Council On Aging at the University of Kentucky at Lexington
Consultations with: Dr. Earl Kauffman

Institute On Aging at the University of South Florida - Tampa, Florida
Consultations with: Dr. Sue Saxon
Dr. Max Kaplan
Mrs. Barbara Palmer
Dr. A.J.E. Wilson III

Mirror Lake Adult Center of Education in St. Petersburg, Florida
Consultations with: Dr. Louis H. Meeth Jr.
Mrs. Meeth and Others

Center for the Study of Aging & Human Development - Duke University in Durham, North Carolina
Consultations with: Dr. Jacquelyne J. Jackson
Dr. Eric Pfeiffer
Mrs. Dorothy Heyman and Others

Annual Meeting of Gerontological Society - Houston, Texas, October 1971

National Caucus On the Black Aged - Washington, D.C., November 1971

American Foundation for the Blind Regional Conference on Service to Aged Blind Persons - Williamsburg, Virginia, March 1972

White House Conference on the Aged - Washington, D.C., November 1971

The Nursing Home: Critical Issues in a National Policy - Washington, D.C., October 1971

Alternatives to Institutionalization - Duke University, May 1972

APPENDIX VI

INSTITUTE OF GERONTOLOGY
FEDERAL CITY COLLEGE

ADVISORY COMMITTEE

Dr. Lawrence Alfred
Chairman Biology Department
Federal City College

Dr. John Algee
Director of Health Services (Area C)
Department of Human Resources
1905 E Street - S.E.
Washington, D.C.

Mr. Elliott Bovelle
Chairman, Department of Social Welfare
Federal City College

Mrs. Roberta Brown
Department of Health, Education & Welfare
Washington, D.C.

Dr. Robert Butler
Psychiatrist
3815 Huntington Street - N.W.
Washington, D.C.

Mr. Lawrence O. Carlson
Dean, Education Program
Institute of Lifetime Learning
1346 Connecticut Avenue - N.W.
Washington, D.C.

Mr. Howard Croft
Chairman, Urban Studies Department
Federal City College

Dr. Ira Gibbons
1448 Pomeroy Road - N.W.
Washington, D.C.

Mrs. Lennie Hutchinson
6228 North Dakota Avenue - N.W.
Washington, D.C.

Mrs. Jeanne Lea
Chairman, Adult Education Department
Federal City College

Dr. Inabel B. Lindsay
510 N Street - S.W.
Washington, D.C.

Mrs. Mae B. Phillips
3118 16th Street - N.W.
Washington, D.C.

Mrs. Sophie Rich
1221 Missouri Avenue - N.W.
Washington, D.C.

Dr. Gregory Rigsby
Associate Director
Office of Experimental Programs
Federal City College

Mr. James White
827 Whittier Place - N.W.
Washington, D.C.

Mrs. Mary E. Whitehurst
Director, Nursing Division
Federal City College

Mr. Louis N. Williams
Chairman, Psychology Department
Federal City College

Mr. John L. Young
325 Peabody Street - N.E.
Washington, D.C.

APPENDIX VII
TENTATIVE CURRICULUM PLAN (APRIL 1972)
INSTITUTE OF GERONTOLOGY - FEDERAL CITY COLLEGE

REQUIRED COURSES FOR MAJORS IN GERONTOLOGY

Associate Degree		Credit Hours
201	Life Cycle I	4
202	Life Cycle II	4
221	Introduction to Gerontology	4
230	Field Placement in Direct Services	4
*261	Nursing Care for the Elderly	1
300	Workers Roles in Direct Services	4
301	Life Cycle III	4
311	Community Resources	4
*362	Health Maintenance & Disease Control for the Elderly	3
		32

Plus electives in gerontology - 8 Hours
and required courses in speciality at 200 level - 4 Hours

Bachelor's Degree

All courses listed above required for B.A. in addition to:

331	Special Problems of the Black Aged	3
333	Aging in Other Cultures	3
351	Gerontological Research II	4
361	Functional Impairment in Aging	3
400	Life Cycle IV	4
401	Program Planning & Proposal Writing	4
422	Politics of Aging - Social Issues	4
451	Gerontological Research III	4
		29 Hours plus 32 Hrs. (A.A.)

Plus additional electives in gerontology according to major concentration (Admin. Direct Services, or Counseling) 12 Hours

Electives and prerequisities from selected groups of courses listed according to goals of curriculum 65 Hours

* Associate Degree students may take either course 261 or 362. B.A. students are required to take course 362 unless special permission is granted.

COURSE NUMBER		CREDIT HOURS
XG201	The Life Cycle - Birth to Death I	4
XG202	The Life Cycle - Birth to Death II	4
XG221	Introduction to Gerontology	4
XG230	Practicum:	4
XG261	Nursing Care of the Elderly	1
XG271	Practicum:	2
XG300	Worker Roles in Direct Services to Aging	4
XG301	Life Cycle - Birth to Death III	4
XG311	Community Resources In Aging	4
XG331	Special Problems of the Black Aged	3
XG333	Aging in Other Cultures	3
XG334	Administration in Aging	4
XG351	Gerontological Research II	4
XG361	Functional Impairment in Aging	3
XG362	Health Maintenance & Disease Control for the Elderly	3
XG400	Life Cycle IV	4
XG401	Program Planning & Proposal Writing	4
XG411	Legal Aspects of Administration	3
XG412	Preparation for Operator Licensing - Extended Care Facilities (Credit or Non-credit)	4
XG413	Practicum	4
XG422	Politics of Aging - Social Issues	4
XG424	Group Interaction in Aging	3

Course Number		Credit Hours
XG451	Gerontological Research III Practicum	4
XG455	Practicum	4

Institutes and Special Courses

XGI-1	Concepts of Work and Leisure	3
XGI-2	Spatial Relationships for Aging Persons	3
XGI-3	Aging: Creation or Deterioration	3
XGI-4	Myth and Reality in Aging	3
XGI-5	Thanatology	3

XGI Series

Institutes and special course offerings in Series XGI will be open to students registered at Federal City College for credit and to others as non-credit participants.

APPENDIX VIII

UNDERGRADUATE COURSE DESCRIPTIONS (As Prepared for Catalogue)

INSTITUTE OF GERONTOLOGY
FEDERAL CITY COLLEGE
1343 H Street - N.W. - 12th Floor
Washington, D.C. 20005

STAFF
Dorothy L. Elliott, Retired
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FACULTY
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Marion Green, M.S.W.
Leon Hunter, M.S.W.
Fannie P. Jeffrey, M.A.
Eloise R. McCuan, Ph.D.
Leslie Richards, M.A.
Aloysius N Uzowihe, M.A.
Theodore Wang, Ph.D.

September 1972
Revised January 1973

INSTITUTE OF GERONTOLOGY

Objective

The curriculum is designed to increase the understanding and interdisciplinary knowledge of aging as part of the life cycle and to prepare students to deliver services to aging persons.

Special attention is directed to identifying and studying problems of the urban elderly, especially Blacks and minority groups.

The program will relate to identified employment opportunities in services to the aging such as direct service worker, counselor-ombudsman, administrator of programs and administrator of long-term care facilities.

Curriculum

The Institute of Gerontology in cooperation with the College Department of Social Welfare-Rehabilitation, offers an undergraduate degree program in gerontology for A.A. and B.A. candidates, as well as extension students. Students are required to fulfill minimum major requirements of the Department of Social Welfare-Rehabilitation in addition to requirements planned by the Institute for a major or minor concentration in gerontology. Core courses will be supplemented by selected required courses from other departments that especially relate to the knowledge required by the student to perform a work role in services to the aging and/or to prepare him for further study on a graduate level.

Practical training and field observations are an essential part of the planned core curriculum. Students have an opportunity to participate in the operations of many different kinds of organizations and institutions dealing with older persons such as senior centers, hospitals, boarding homes, clubs, housing developments, administrative offices, etc. Placement and supervision are provided by the faculty and staff of the Institute. A special feature of the plan is the 'case study program.' During his participation in the gerontology curriculum, each student is matched with an older person for study, social contact and personal service where appropriate.

COURSE DESCRIPTIONS

INSTITUTE OF GERONTOLOGY

SR 201 Social Welfare As A Social Institution II (Gerontology Section)

An investigation of the field of gerontology as a specialization in social weifare will be undertaken, from a historic and political perspective. Students will examine trends in population for their impact on social resources, and will be introduced to some of the literature, personalities and specializations within the field. Relationships between gerontology and allied disciplines will be analyzed, and the role of this entire course sequence will be interpreted.

SR 203 Life Cycle I (Gerontology Section)

The course will integrate concepts from physiology, sociology and psychology to focus on factors affecting the aging process. Social and cultural attitudes will be related to behavior patterns as they affect life's stages. The course will be taught with a multi-disciplinary approach as it covers each stage of life; intrauterine, infancy, childhood, adolescence, young adulthood, middle life, aging and dying. Case Study: (Each student will be matched with an older person for study, social contacts and personal service during participation in the gerontology program).

SR 232 The Life Cycle II

Continuation of Life Cycle I

SR 233 The Life Cycle III

Continuation of Life Cycle II

SR 235 Functional Changes In Aging

The course will present an overview of the mental and physical health problems of the aging, the effects of these problems on the functioning of the elderly and the possibility of intervention and reversal of certain conditions. Attention will be directed to the environment as a factor in these problems.

SR 260 Nursing Care of the Elderly

Students will learn the techniques of caring for the elderly ambulatory or bed ridden person with illnesses or handicapping conditions in home and institutional settings. Relationships with medical personnel will be discussed. The course will include an overview of the concepts of health and illness, health maintenance, disease control and hygiene.

SR 261 Preparation for Operator Licensing - Extended Care Facilities

The course will cover the preparation of a facility required for personal care home licensing, to include elements of management, recording, sanitation and housing inspection. The course will prepare students for licensing examination and inspection procedures. (Offered to selected persons for non-credit).

XSR 262 Aging: Creation or Deterioration? 2 hrs.

Course will include discussion of ways of developing creativity, self-actualization and life satisfaction for aging adults, such as lessening resistance to change, improving motor and patterning readjustments, encouraging continued formal and informal education, etc.

XSR 263 Myth & Reality In Aging 2 hrs.

Course designed to stimulate creative thinking related to new developments in the concept of the aging process and students will consider such questions as, "Is senility inevitable?" "Will new discoveries prolong life?" "Is sex life possible in old age?"

XSR 264 Structuring the Environment for the Elderly 2 hrs.

This course will examine the architectural and environmental considerations related to improving the physical design of facilities used by the elderly and equipment needed to aid the elderly in functioning more effectively.

XSR 265 Developing a Therapeutic Community for the Elderly 2 hrs.

Course is based on overview of how to manage care of elderly persons in custodial and special settings, how to improve and change staff, patient or resident attitudes towards treatment, how to improve the environment.

SR 299 Practicum I: Community Services to the Elderly (Gerontology Section)

The course will provide theoretical background and practical experience for examining services to the elderly. Together with field work and observations in settings providing a variety of direct services to elderly persons, the student will also be given classroom instruction providing a theoretical understanding of the provision of services to the elderly, of what concepts underlie the way services are structured and offered to the aging population. The course will review existing social services available to the aging and will examine the role of public and voluntary agencies, including the churches and Senior Citizen organizations. Students will evaluate these services in relation to the real needs of older persons.

SR 300 The Helping Processes In Social Work (Gerontology Section)

In addition to the theoretical material on helping processes, the gerontology special section in this course will put an emphasis on the application of community organization and group work with the aging. Individual worker roles in helping aging persons (ombudsman, advocate, broker) will be described and evaluated.

SR 301 Practicum II: Concepts of Work & Leisure (Gerontology Section)

The course will investigate the human impact of automation and the economic and political changes resulting from increased leisure time and increasing affluence. Roles and services for the future will be discussed. Implications for direct service worker, in counseling, recreation, employment, education, etc., will be explored in class work. Field observations and practicum in services to the aging will be discussed in above context.

SR 302 Practicum III: Program & Administrative Planning (Gerontology Section)

Students will have the opportunity to prepare program plans and proposals based on the needs of the elderl including statement of problem, identification of resources, proposed olution, preparation of budgets, preparation of application, etc. Plan ideas will relate to continued practicum in services to the aging.

SR 407 Senior Seminar (Gerontology Section)

An overview of current trends in gerontology - industrial gerontology, social policy in aging, future predictions.

SR 330 Administration In Aging

The course is an introduction to public administration in the field of aging, the course will examine national and local legislation and bureaucratic structures relating to the elderly. Model programs will be analyzed in relation to how they meet the needs of the elderly. Federal and District of Columbia resource persons and specialists will be contributors to the course in order that students will understand current legislation, regulations and administrative practices.

SR 332 Special Problems of the Black Elderly

The course will focus on providing information and beginning research into the special aspects of aging among Blacks. Differences in family structures, personality constellations, expectations and needs will be explored and possible solutions to special needs and problems of the Black elderly will be examined.

SR 333 Aging In Other Cultures

Students will learn about attitudes and institutional structures relating to the elderly in selected societies. A comparison will be made of patterns existing in the United States in order to broaden the student's perspectives.

SR 399 Independent Study (Gerontology Section)

By special permission, gerontology program students may undertake independent research projects under supervision of the Institute of Gerontology faculty and staff.

SR 430 Legal Aspects of Administration In Aging

Students will study legal concepts that affect the work of an administrator in aging, i.e. contracts, power of attorney, tort liability, custody, wills, estates and trusts. Attention will be given to selected areas of regulations and laws governing public and non-profit organizations and retirement benefits, social security, welfare and health rights for older persons.

SR 431 Counseling the Aged

Special problems and techniques of helping the older adults through individual, family and group counseling will be discussed. Students will participate in and/or observe counseling in varied settings.

SR 439 Thanatology

In a study of "Death and Dying", behavorial and emotional patterns at the end of life will be analyzed and discussed, with implications for the management of fear, pain, sorrow and depression in the dying person and those who attend him.

All courses carry 4 credit hours per quarter unless otherwise indicated.

XSR short courses are designed for enrollment of community persons in addition to regular students.

REQUIREMENTS FOR B.A. DEGREE PROGRAM
SOCIAL WELFARE - REHABILITATION
GERONTOLOGY CONCENTRATION
TOTAL CREDITS - 88 HOURS

REQUIRED COURSES - SOCIAL WELFARE - REHABILITATION MAJOR (44 HOURS)

	SR 200	Social Welfare As A Social Institution I
**	SR 201	Social Welfare As A Social Institution II
**	SR 203	Life Cycle I
	SR 205	Interviewing I
**	SR 299	Practicum I (Gerontology Section - Community Services to the Elderly)
**	SR 300	The Helping Processes In Social Work
**	SR 301	Practicum II (Gerontology Section - Concepts of Work & Leisure)
**	SR 302	Practicum III (Gerontology Section - Program & Administrative Pianning)
	SR 398	Research In Social Work
**	SR 407	Senior Seminar
	SR 490	Interpersonal Relations Seminar

REQUIRED COURSES - GERONTOLOGY CONCENTRATION (16 HOURS)

*	SR 232	Life Cycle II
*	SR 233	Life Cycle III
*	SR 235	Functional Changes In Aging
*	SR 332	Special Problems of the Black Elderly

ELECTIVES IN GERONTOLOGY (12 HOURS)

	SR 260	Nursing Care of the Elderly
	SR 261	Preparation for Operator Licensing - Extended Care Facilities
X	SR 262	Aging: Creation or Deterioration? (2 Hours)
X	SR 263	Myth & Reality In Aging (2 Hours)
X	SR 264	Structuring the Envrionment for the Elderly (2 Hours)
X	SR 265	Developing A Therapeutic Community for the Elderly (2 Hours)
	SR 230	Administration In Aging
	SR 333	Aging In Other Cultures
	SR 399	Independent Study
	SR 430	Legal Aspects of Gerontology Administration
	SR 431	Counseling the Elderly
	SR 439	Thanatology

AND SELECTED ELECTIVES (16 HOURS)

* Open to Gerontology students - others by permission
** Special Section for Gerontology Students

REQUIREMENTS FOR A.A. DEGREE PROGRAM OR MINOR
SOCIAL WELFARE - REHABILITATION
GERONTOLOGY CONCENTRATION
TOTAL CREDITS - 44 HOURS

REQUIRED COURSES - SOCIAL WELFARE - REHABILITATION (20 HOURS)

SR 200	Social Welfare As A Social Institution I
**SR 201	Social Welfare As A Social Institution II
**SR 203	Life Cycle I
SR 205	Interviewing I
**SR 299	Practicum I (Gerontology Section - Community Services to the Elderly)

REQUIRED COURSES - GERONTOLOGY (12 HOURS)

*SR 232	Life Cycle II
*SR 233	Life Cycle III
*SR 235	Functional Changes In Aging

ELECTIVES IN GERONTOLOGY (4 HOURS)

SR 260	Nursing Care of the Elderly
SR 261	Preparation for Operator Licensing - Extended Care Facilities
XSR 262	Aging: Creation or Deterioration?
XSR 263	Myth & Reality In Aging
XSR 264	Structuring the Environment for the Elderly
XSR 265	Developing A Therapeutic Community for the Elderly
SR 330	Administration In Aging
SR 332	Special Problems of the Black Elderly
SR 333	Aging In Other Cultures
SR 399	Independent Study
SR 430	Legal Aspects of Gerontology Administration
SR 431	Counseling the Elderly
SR 439	Thanatology

AND SELECTED ELECTIVES (8 HOURS)

* Open to Gerontology students - others by permission
** Special Section for Gerontology Students

ELECTIVES: Related to gerontology concentration. Other courses may be added with permission of the Director, Institute of Gerontology. (B.A. - 16 Hours; A.A. - 8 Hours).

NX-130	Nutrition Science
HH-103	History of Black America
SS-201	Research Methods - Introduction to Social Science Research Design
SS-200	Human Societies - Introduction to Sociology
SS-204	The Family
SS-210	Deviance (Old Age As Deviance)
SY-203	Social Psychology
NB-204	General Physiology
SY-201	Principles of Psychology
SY-226	Black Personality & Adjustment
HP-215	Introduction to Philosophy of Religions
BG-201	Introduction to Management
BD-231	Business Mathematics
BA-201	Principles of Accounting I
BA-312	Cost Accounting & Budgeting Controls
BG-306	Problems of the Small Business Enterprise
BG-304	Personnel Management
CS-306	Critical Issues In Social Planning
PR-311	Recreation: Life Styles In Urban Community
NB-302	Human Anatomy
NX-302	Dietary Needs of Special Groups
AE-568	Counseling Undereducated Adults
GC-501	Philosophies & Practices of Counseling

APPENDIX IX

FEDERAL CITY COLLEGE
INSTITUTE OF GERONTOLOGY
1343 H Street - N.W. - 12th Floor
Washington, D.C. 20005
Telephone: 727-2778

APPLICATION

NAME:_____ BIRTH DATE_____
SO. SECURITY #_____

ADDRESS:_____ HOME PHONE:_____

OFFICE ADDRESS:_____ OFFICE PHONE:_____

PLEASE ANSWER OR CHECK THE FOLLOWING ITEMS:

Married_____ Single_____ Separated or Divorced _____ Widowed _____

List ages of Dependents: _____ Veteran_____

Are you now employed? _____ Full-time_____ Part-time_____
If employed, what do you do on the job?_____

Give a brief summary of other work experience:_____
(Include involvement and/or experience working with older persons.)

What are your career goals?

Why do you think the study of aging (Gerontology) will help you reach these goals?

Are you currently enrolled in the Summer Quarter at Federal City College_____
Were you enrolled in the Spring Quarter?_____

What is the total number of college credits earned to date at Federal City?_____
What is the total number of college credits earned to date at other colleges?_____

List completed course titles by subject areas or departments (or include copy of transcript).

Are you now receiving financial support? Please check.

F.C.C. Financial Aide_____ V.A. - G.I. Bill _____

Work-study_____ Voc. Rehab._____ Other_____

If accepted for the Institute Program, I understand that I must fulfill high standards of performance both in class work and in field experience. I understand that in the event I am unable or unwilling to do so, the director of the Institute, after consultation with me and my teachers has the authority to discontinue my participation in the program. I understand that I will not be able to work at a full-time job if such interferes with my availability for study, class work or field work.

_____
SIGNED

_____
DATE

bpw 6/6/72

APPENDIX X

COURSE OFFERING SCHEDULE

	COURSE TITLE	CREDITS	FACULTY
FALL QUARTER 1972			
SR 203-02	Human Development (Life Cycle I)	4	Richards
SR 299-01	Practicum I: Introduction to Gerontology	4	Fields & Robinson
SR 235-01	Functional Changes In Aging	4	Burr
SR 333-01	Aging In Other Cultures	4	Jeffrey
WINTER QUARTER 1973			
SR 232-01	Human Development (Life Cycle II)	4	Richards
SR 260-01	Nursing Care of the Elderly	4	DeBella
SR 301-02	Practicum II: Concepts of Work & Leisure (Gerontology Section)	4	Fields & Robinson
SR 332-01	Special Problems of the Black Elderly	4	Fields
XSR 265-01	Developing A Therapeutic Community for the Elderly	2	Davis
SPRING QUARTER 1973			
SR 201-02	Social Welfare As A Social Institution II (Gerontology Section)	4	Green
SR 233-01	Human Development (Life Cycle III)	4	Richards
SR 261-01	Preparation for Operator Licensing Extended Care Facilities	4	Uzowihe
SR 300-02	Helping Processes In Social Work (Gerontology Section)	4	Hunter
*SR 302-02	Practicum III	4	Fields & Robinson
**SR 332-01	Special Problems of the Black Elderly	4	Fields
SUMMER QUARTER 1973			
SR 332-01	Special Problems of the Black Elderly	4	Fields
SR 299-02	Practicum I: Community Services to the Elderly (Gerontology Section)	4	Fields & Robinson
XSR 265-01	Developing A Therapeutic Community for the Elderly	2	Davis & McCuan
XSR 263-01	Myth & Reality In Aging	2	Robinson

* Seniors Only
** Satellite Campus Students Only

APPENDIX XI
AREA COORDINATING COUNCIL FOR AGING

An informal gathering met on October 12, 1972 at the invitation of the Institute of Gerontology, Federal City College to discuss coordination of aging programs.

The persons present represented individuals who are or would like to be more involved in the field of gerontology, Each member of the group discussed his or her present involvements and ambitions in the area and the actual/or potential role of the office, institution, or department of which each is a part.

It was decided to (1) continue meeting 4-5 times a year as an informal group called Area Coordinating Council for Aging under the chairmanship of Clavin Fields, Institute of Gerontology, Federal City College, (2) extend invitations to other interested persons to join the group for the purpose of linkage of resources and exchange of information, (3) circulate a letter periodically to interested persons. Reported at the meeting:

The Institute of Gerontology at Federal City College, has begun its program with 20 stipend, 10 non-stipend undergraduate students, some seeking a minor (A.A.) in gerontology, others a major (B.A.) in Social Welfare-Rehabilitation in gerontology. The Institute assists community persons and groups with preparation of testimony, planning programs, writing proposals, etc. Plans include establishment of graduate and research programs in aging.

The Regional Medical Program is involved in promoting education and training of allied health services workers. Attention was called to an international conference of nurse-midwives October 29 - November 4, 1972, Sheraton Park Hotel. The R.M.P. Nursing Department is interested in better health and nutrition, especially applied to the aging. Dr. Tom Johnson, Howard University, Dept. of Medicine is expert in training of Allied Health Professionals.

The Institute of Child Study and Human Development, College of Education, University of Maryland is interested in extending study of human development to the total life cycle. Several doctoral dissertations are now being written on subjects in aging. The Home Economics Extension Service is working in areas of training for Nutrition and Family Aide workers.

The University College is training nursing home administrators. Mr. John Chapin, a professor at University of Maryland has a special interest and expertise in the physiology of aging.

Georgetown University, Dept. of Psychiatry is sponsoring a conference in Family Psychotheraphy, November 1-3, Shoreham Hotel, Regency Room. Special interest in family systems theory including aging, exists among individuals in the sociology and psychiatry departments. Dr. Margaret Hall, Dept. of Sociology plans to do special research in the field of aging.

The Division of Service to the Aged, D.C. Department of Human Resources (designated D.C. state agency on aging) is currently conducting a survey of all older people in D.C. as part of the planning nutrition programs for the elderly.

Mr. Emory Link (National Consortium of Universities) is working with the School of Continuing Education, American University to develop educational programs related to aging and to older persons themselves.

APPENDIX XII

The Institute has sponsored or co-sponsored the following community education efforts:

May 23, 1972 - organized and conducted a one-day Post White House Conference at the request of the Continuing Committee of D.C. Delegates to the White House Conference and the D.C. Advisory Committee On Aging; attendance 150 persons.

December 1, 1972 - organized with the D.C. Senior Citizens Clearing House Committee a social gathering for old and young persons, attendance 200.

December 12, 1972 - organized with A.G.E. a half-day informational meeting on the implications of social security amendments and revenue sharing on D.C. programs for the aging, attendance 75.

January 13, 1973 - co-sponsored with the local N.A.S.W. chapter, a one-day workshop, "Social Work Roles in Services to the Aging," open to the public, attendance 150.

March 1, 1973 - staff assisted in in-service training program for D.C. Office of Aging personnel with presentation "Aging Programs & Potentials."

Staff, faculty and students expect to continue community service and contacts both professional and non-professional related to work of the Institute. Past community contributions and staff development activities include:

May 1972 - D.C. Mental Health Plan Citizen Hearings - Presentation of Testimony on "Mental Health Needs of the Elderly" by Clavin Fields.

June 1972 - Senior Aide Training Session. Short talk on subject of the "Older Worker" by Clavin Fields.

July 1972 - D.C. Bicentennial Commission Community Hearing - Presentation of Testimony on "Civic Improvements Relating to the Elderly" by Clavin Fields.

August 1972 - Conference sponsored by North Texas State at Dallas - Participation by Clavin Fields and Leslie Richards.

August 1972 - Summer Institute of Andress Gerontology Center at the University of Southern California, Los Angeles - Attended by Leslie Richards.

September 1972 - "Aging Around the World" - The Institute of Gerontology at the University of Michigan - Participation by Clavin Fields and Fannie P. Jeffrey.

September 1972 - Department of Interior, National Outdoor Recreation Plan Hearings - Presentation of Testimony on "Special Recreation Needs & Adaptation of Local Facilities for Better Use by Senior Citizens" by Clavin Fields.

October 1972 - National Caucus on the Black Aged - Surveyed National Organizations who attended the White House Conference On Aging to assess response to recommendations of the Special Concerns Section On Aging & Aged Blacks.

October 1972 - National Caucus On the Black Aged - Annual Conference On Problems of the Black Elderly, Philadelphia. Participation by Clavin Fields and 13 students.

October 1972 - University of Southern California Conference On "The Role of Higher Education in Gerontology", Newport Beach, California. Participation by Clavin Fields and 1 student.

October 1972 - D.C. Department of Recreation Special Program "The Meaning of Senior Citizens", short talk by Clavin Fields.

November 1972 - Joe Paige Show - Television, Channel 4 - Panel Talk Show on the Elderly. Participation by Clavin Fields.

November 1972 - Washington Salute to Senior Citizens - Co-sponsorship with V.I.P. and other agencies of Thanksgiving Dinner for the lonely elderly. Participation by all staff and students.

November 1972 - D.C. City Council Hearings on "Health Care Facilities." Testimony presented by Clavin Fields & Prepared testimony for presentation by D.C. Senior Citizen Clearing House Committee.

December 1972 - Foster Grandparent Training Session - D.C. Receiving Home, Laurel, Maryland. Talk on "Potentials of Elderly Volunteers" by Clavin Fields.

December 1972 - Annual Meeting of the Gerontological Society. Participation by Clavin Fields, Phyllis Robinson and students.

December 1972 - Washington Metropolitan Transit Authority Community Hearings, Presentation of Testimony on "Transportation Needs of Older Persons" by Clavin Fields.

January 1973 - W.O.W. Training Program - St. Elizabeth's Hospital Satellite Campus - Talk to 15 Urban Studies Students on "Introduction to Gerontology" by Clavin Fields.

January 1973 - H.E.W. Upward Mobility College - Talk to 15-20 students on "Introduction to Gerontology" by Clavin Fields.

January 1973 - D.C. City Council Hearings on 1974 Budget - Prepared Testimony for presentation by Senior Citizen Clearing House Committee on Revenue Sharing & Budget Allocations Affecting Older Residents.

January 1973 - Association of University Programs in Health Administration - "National Symposium On Long-Term Care Administrator Education", New Orleans. Participation by Phyllis Robinson.

February 1973 - National Outdoor Recreation Plan - Department of Interior. Responded in writing to request for comments.

February 1973 - W.M.A.T.A. Hearing on Metro Stop. Prepared & Submitted testimony on Metro Stop adjacent to Freedman's Hospital as necessary for elderly patients.

February 1973 - D.C. Judiciary House Senior Citizens Group Talk On "Negro History" by Clavin Fields.

The staff of the Institute has assisted many individuals and groups informally with technical assistance and consultation. Among these were the Phyllis Wheatley Y.W.C.A., the Senior Citizen Clearing House Committee, V.O.I.C.E. (Voluntary Organization in Concern for the Elderly), Catholic Charities, Change INC., Cerebral Palsy of D.C., Upjohn Company Homemakers, Northwest Settlement House, D.C. Senior Aide Program, and others. The library also has been used by persons outside the college seeking reference material on aging.